In the Matter Of:

UNITED STATES vs STATE OF GEORGIA

1:16-CV-03088-ELR

JENNIFER HIBBARD

October 20, 2022

UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF GEORGIA

United States of America,
Plaintiff,

vs.

State of Georgia,
Defendant.

No. 1:16-CV-03088-ELR

VIDEOTAPED DEPOSITION OF

JENNIFER HIBBARD

OCTOBER 20, 2022

9:09 a.m.

175 Gwinnett Drive, Suite 260

Lawrenceville, Georgia

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Chad Jones (in person)
Brandon Brantley, videographer (in person)
Falesha Robinson (in person)
Dr. Robert Putnam (in person)

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THE VIDEOGRAPHER: This is the video deposition of Jennifer Hibbard being taken in the matter of USA versus the State of Georgia. Today's date is October 20th, 2022. The time on the record is 9:09 a.m. My name is Brandon Brantley. I am the videographer.

Counsel, please introduce yourselves for the record. After which, the witness will be sworn in by the court reporter.

MR. HOLKINS: Patrick Holkins for the United States.

MS. COHEN: Frances Cohen for the United States.

MR. PUTNAM: Robert Putnam, expert witness, for the Department of Justice.

MR. WOODRUM: I was going to let the State announce, but Daniel Woodrum for View Point Health.

MS. JOHNSON: Melanie Johnson for the State of Georgia.

JENNIFER HIBBARD,

called as a witness herein, having been first duly sworn by the shorthand reporter to speak the truth and nothing but the truth, was examined and testified as follows:

>>>

>>>

EXAMINATION

BY MR. HOLKINS:

Q Good morning, Ms. Hibbard.

A Good morning.

Q I want to thank you all for hosting us today. We appreciate you making your space available.

For the record, could you spell your full name.

A Jennifer, J-e-n-n-i-f-e-r; Hibbard, H-i-b-b-a-r-d.

Q And what is your current title?

A CEO.

Q Of View Point Health?

A Yes, of View Point Health.

Q So before we dive into questions, I'd just like to run through some ground rules --

A Okay.

Q -- for today's deposition and explain how it's going to be structured.

As you can see, we are transcribing the deposition, both in writing and in video. For the clarity of the record, it would be helpful if you could let me finish my questions before you start your answers. Is that all right?

A Uh-huh.

Q And also, please answer with yes or no as

opposed to shaking or nodding your head.

A Okay.

Q If at any point you don't understand a question, just let me know, and I'm happy to try again.

A Okay.

Q We are going to be taking breaks regularly, at least every 90 minutes, if not earlier. If you need to take a break -- and this goes to counsel and anyone else in the room. If a break is needed, just let me know and we will stop. What I would ask is, if there is a question pending, that you first answer the question before we go on a break. Is that all right?

A Yes.

Q Is there any reason you can think of that you -- for why you would not be able to answer my questions truthfully today?

A No.

Q Do you have any questions before we get started?

A No.

Q Okay. So the next thing I want to do is run through some acronyms that I may be using during the deposition just to make sure that we're on the same page.

A Okay.

Q That if I refer to "GaDOE", will you understand

that to mean the Georgia Department of Education?

A Yes.

Q If I reference "GNETS," will you understand that to mean the Georgia Network for Educational and Therapeutic Support?

A Yes.

Q If I use the term "CSB," will you understand that to mean community service board?

A Yes.

Q And likewise, will you understand "DBHDD" to mean Georgia Department of Behavioral Health and Developmental Disabilities?

A Yes.

Q Will you understand "DCH" to mean the Georgia Department of Community Health?

A Yes.

Q Do you understand "LEA" means local education authority?

A Yes.

Q "RESA" means Regional Educational Service Agency?

A Yes.

Q There may be others, and as we come -- we go through, I will try to catch them.

Another one may be -- that would be good for us

to get on the record now, is SAMHSA. Do you understand that means the Substance Abuse and Mental Health Service Administration?

A Yes.

Q So we are going to show our first exhibit, and this is going to be 510. If you give me a second, I will pull it up on the screen.

(Plaintiff's Exhibit 510 was marked for identification.)

Q BY MR. HOLKINS: I have just published what we are marking as Exhibit 510. Do you see that on your screen, Ms. Hibbard?

A Yes.

Q I will note for the record that this is a subpoena to testify at a deposition issued to you, Jennifer Hibbard, as the chief executive officer of View Point Health. The subpoena was issued for this date, which is 10/20/2022.

Ms. Hibbard, have you seen this document before today?

A Yes.

Q If you'd like to take a second to review it, you are welcome to. I will give you the control.

You should have control of the document. And in particular, I would be curious to see whether you have

seen the list of topics that's attached to this subpoena.

A Yes.

Q And that starts on page 2.

A Yes.

Q Correct?

A Uh-huh.

Q Ms. Hibbard, I'd like to ask you just a couple of questions about your preparation for today's deposition. I want to clarify, though, in doing so, I'm not asking you to disclose any conversations -- the substance of any conversations you have had with counsel.

With that caveat, what did you do to prepare for your testimony today?

A I read through the list of topics, and I had a meeting with our attorney and a couple other of our executive team members, and we just discussed our understanding of the topics and kind of understood the procedures of today.

Q Which members of your executive staff did you meet with?

A The members included Chad Jones, our vice president of business development, and our chief financial officer Eric Naughton.

Q Did you meet --

A And --

Q -- with --
A Sorry.
-- also Falesha Robinson, our corporate compliance officer.
Q Okay. Did you meet with anyone else in preparation for this deposition?
A No.
Q Did you talk with any State agency staff in preparation for this deposition?
A No.
Q Did you talk with counsel for the State of Georgia in this matter in preparing for this deposition?
A No.
Q Are you aware that the United States also served a subpoena for documents on View Point Health in connection with this matter?
A Yes.
Q Did you have any role in View Point's response to that subpoena for documents?
A I just delegated that to our records management department, and they supplied all of the documents, and I was aware that they submitted them in a timely fashion.
Q Did you review those documents before they were produced in response to the subpoena?
A No.

Q Do you know if anyone on your executive team was responsible for reviewing the documents before they were produced?

A Falesha Robinson.

Q Your understanding -- do you understand that you are testifying on behalf of View Point Health?

A Yes.

Q And you believe that you have personal knowledge for each of the topics identified on this notice?

A Yes.

Q So I'm going to set aside this document for now.

Ms. Hibbard, could you explain to me broadly what a community service board is in the state of Georgia?

A Yes. The community service boards were established by law in 1994 by House Bill 100 to become the public authority and state safety net of care for individuals with behavioral health and developmental disabilities.

Q Did View Point, as an organization, exist prior to 1994?

A So View Point's name prior to becoming View Point was Gwinnett Rockdale Newton Community Service

Board, and that was established in 1994. Prior to that, the services and some of the employees were a part of an entity that was not defined as a community service board but was still a mental health program. I believe it was part of Public Health, but that is my understanding.

Q And to whom do you report in your role as chief executive officer for View Point Health?

A As a CEO of a community service board, I report to our board of directors, which are appointed by the county commissioners of the catchment area that we serve.

Q And that catchment area includes Rockdale, Gwinnett, and Newton counties, correct?

A Yes.

Q And who appoints those commissioners?

A The -- so the board members are appointed by the county commissioners, and the county commissioners are elected officials for those counties.

Q Okay. How would you describe the relationship between CSBs like View Point and the State?

A Could you clarify what you mean by "the State"?

Q I'm specifically thinking of State agencies like the Georgia Department of Behavioral Health and Developmental Disabilities.

A Okay.

Q And the Georgia Department of Community Health,

can you describe the nature of your relationship between the CSB and those entities?

A Yes. So the community service boards have a relationship with the Department of Behavioral Health and Developmental Disabilities as our primary funder for individuals who are uninsured. So we receive State contracts that enable us to serve individuals and bill for services through the Department of Behavioral Health and Developmental Disabilities, and those -- it's a -- it's a relationship that is a funder but also kind of an oversight. They also provide regulatory measures. We have to be accountable to key performance indicators, and so we report that information as well.

Q Does the -- do the agencies identified -- DBHDD and DCH -- have any day-to-day operational responsibility for View Point's programs?

A I wouldn't say day-to-day operational. There are staff at the Department of Behavioral Health that have frequent contact with our team members if trying to help somebody gain access to care or to make sure that we are meeting the needs of the communities but also following all of our regulations and guidelines.

Q Would you say that you report to anyone at DBHDD?

A No. I report to the board of directors.

Q Is DBHDD, do they have any oversight responsibility for View Point Health's overarching finances?

A We report our monthly board -- so we -- we -- our board meets eight times a year, and we review our financials with our board of directors, and at the end of that board meeting, we submit those financial reports to the Department of Behavioral Health. So they -- they are aware of our financials on an ongoing basis in a month.

Q And is that just for purposes of informing them, or how do they use that information in your experience?

A It's been my experience that they use that information to monitor the health of the community service boards and a safety net as a state, and to measure us and -- and hold us accountable for being good fiscal servants of the funds.

Q Have -- in your experience, if there are issues with the fiscal health of the CSB, what -- what measures can the State through DBHDD or DCH take?

A It's my understanding that DBHDD can contract directly with a community service board. We are an instrumentality of the State, and in the worst-case scenario, the Department of Behavioral Health can assume responsibility for a community service board.

Q Has that happened, to your knowledge?

A Yes. This happened a few years ago with a community service board in South Georgia.

Q Which CSB was that?

A That was Gateway Community Service Board.

Q And is that still being operated or run by the State?

A To my understanding, it is.

Q You've mentioned a regulatory function that DBHDD performs with respect to the CSBs broadly and View Point specifically. Could you talk a little bit more about what that entails.

A So the Department of Behavioral Health and Developmental Disabilities has a third party. It's called an administrative services organization or ASO, and they outsource that to a company called Beacon Health Options. And they provide oversight, and they serve as the administrative services organization.

So when we submit authorization for services for an individual, the ASO reviews that authorization and approves it, and then we submit all of our billing and claims through that ASO. And then they also come out on a -- at least an annual basis to -- to review. They call it a review. It's similar to an audit, but to review our services to make sure that we are complying with the

service guidelines and billing and documenting accordingly.

Q Is Beacon performing that audit?

A Yes.

Q So I want to talk about those two functions separately. The first is reviewing, I believe, claims that are submitted for services that have been provided. Is that specifically for the uninsured population, or is that for all beneficiaries or all clients that View Point has?

A It's specifically for the uninsured population. The Department of Community Health oversees all of Medicaid, and I believe there is separate audits that happen through Medicaid that has happened before. And I -- I want to get clarification. Is it okay if I ask Falesha if Beacon also does Medicaid charts? Or there --

Q Yeah, so --

A It might get caught up in there together.

Q Right. And so I think if there are gaps in your testimony, I think it's best that we identify that off record.

A Okay.

Q And then we have Falesha --

A Okay.

Q -- take the witness chair after a break.

A Okay.

Q But don't worry about that. We can fix that later.

A Okay. Yeah, I just am not 100 percent sure if Beacon does the uninsured and Medicaid, because the authorization process is similar for us.

Q Understood.

Could you describe what the audit or review that you mentioned entails as performed by Beacon?

A They are typically either on-site or via virtual sometimes now. They ask for a certain number of records that they draw from that they select. They -- they tell us that morning of the clients that they want to review, and we make those records available to them.

They also review employee records to make sure that the individuals that are providing the services have the appropriate credentials and have documented according to the guidelines.

Q Are you aware of a specific set of criteria that's being used by Beacon, the administrative services organization, for that review of client case files?

A Yes. There is the published Provider Manual that is published by the Department of Behavioral Health and Developmental Disabilities, and that Provider Manual consists of service guidelines for each service, and our

documentation and billing has to be in accordance with the Provider Manual.

Q So is it your expectation that one -- perhaps one of the purposes of this audit would be to determine whether services are being provided consistent with DBHDD's Provider Manual?

A Yes.

Q If there are problems that are identified during these audits, how do you become aware of them?

A They -- they talk to us throughout the audit. They talk to our team members. Our department of quality assurance works closely with auditors while they are conducting the audit to answer any questions or help them find -- if they've got a -- trying to find a particular document in a record, then we can assist with that.

And then we have an exit interview where they go over at a high level their findings and recommendations, and then we also receive a written report of all of the findings and recommendations.

Q Are the results of those audits made available publicly? Are they published anywhere?

A Yes. They are published on the DBHDD Web site, and you can receive those audits.

Q And that's for each CSB?

A Yes.

Q Has View Point had any plans of action or plans for correction issued in connection with audits by Beacon Health in the last two years?

A Yes.

Q Can you describe what those were?

A Not in detail, but I think in general our audits have -- we have received some minor corrective actions that we've acted on to make those improvements. We take those -- that information as very helpful because we know that there is always room for improvement, and so when we -- when we do receive the recommendations, then we put those into place.

Q Can you recall if any of those plans of action or correction were in the realm of child and adolescent mental health services?

A I can't recall specifically. I would assume that more than likely because of the volume of services that we serve for kids and adults that there might have been recommendations there.

Q Is anyone from the State's DBHDD involved in these audits by Beacon?

A No, not during the audit, but they do receive the information.

Q And it's -- I believe you testified it's your understanding that's -- a similar review function is

performed by DCH or potentially the care management organizations for Medicaid reimbursable claims; is that right?

A Yes. It's not as consistent as the -- the process that happens with Beacon Health Options, but there have been times when records have been requested and we've submitted that and there's been a review, but it's -- it doesn't seem like it's as on a schedule.

Q And just to make this concrete, does the Beacon ASO audit occur annually?

A At least annually.

Q And does the DCH Medicaid audit occur annually?

A Not that I am aware of, unless Beacon Health is also auditing some of the Medicaid charts. I just --

Q Understood. Yeah.

A I'm not 100 percent sure on that.

Q And we will clarify.

You would expect, though, to see any reports generated from DCH for Medicaid audits, correct?

A Correct.

Q When is the last time you saw one of those reports?

A I cannot recall the last time we had a Medicaid audit. I just -- I just can't recall that.

Q Okay. I'd like to show you another exhibit,

and this will be 511. Give me one second and I will pull it up.

(Plaintiff's Exhibit 511 was marked for identification.)

Q BY MR. HOLKINS: You should see a document on your screen that reads, "View Point Health Overview, Reports and Tracking Materials Related to the Strategic Plan for the Past 3 Years," and the Bates number on this is VPH000003.

This appears to be a collection of annual reports generated by View Point Health. I will give you a moment to scroll through the document. There is no need to read it page for page but just to kind of familiarize yourself with what's in it generally. I will give you control of it. Give me one second.

MS. COHEN: Patrick, I know we are not tagging, but how are we going to -- we're gonna assign it Exhibit No. 511?

MR. HOLKINS: Uh-huh.

MS. COHEN: And then do we tag it at all or?

MR. HOLKINS: I think we will do that on the back end.

MS. COHEN: Okay.

THE WITNESS: Yes.

Q BY MR. HOLKINS: I'm going to take control of

the document back. Oh, excuse me. Wrong button.

So I want to show you the annual report for FY '21.

A Okay.

Q I believe that this is a compilation of three annual reports for FY '19, FY '20, and FY '21. Is that correct?

A Yes.

Q Just give me one second.

So I am now at page 91 of the PDF. Is this the annual report for View Point for FY '21?

A Yes.

Q Okay. Who drafts the annual reports for View Point Health?

A It's a compilation of team members; our director of marketing and fundraising, Debbie Varnes; and our executive assistant, Jennifer Robertson.

Q Do you have any role in reviewing this document before it's published?

A At a very high level.

Q Okay. So I'm scrolling now to the next page, which is page 92, and this shows the executive team for View Point Health, correct?

A Yes.

Q Are there any changes to this executive team

from this report?

A Can you scroll down some more. Scroll back up to -- so the -- there's just a couple of -- it looks like a couple of typos here. Chad Jones is the vice president of business development.

Q Uh-huh.

A And Dr. Jennifer Speights is the vice president of operations.

Q Okay. Thank you.

Any other changes?

A Let me just check Falesha's title.

No, I don't see any other changes.

Q Okay. Thank you.

And this is the mission of View Point Health, "To promote overall health and improve quality of life by ensuring the delivery of effective behavioral and physical health care that meets the needs of communities we serve," correct?

A Correct.

Q Has that been the mission of View Point Health as long as you have been CEO?

A Yes.

Q I am now showing you page 94 of the document which lists the board of directors for FY '21. I'm going to just zoom out a little bit so it's easier for you to

read this. I will actually give you control of the document so you can scroll through yourself. You have control. My question for you is whether or not this list is current.

A No, there has been some changes.

Q What are those changes?

A So our board chair, Bernie Marinelli, retired, and Lynette Howard moved out of our catchment area and left the board. Keith Ellis is our current board chair. Just recently Louise Radloff was not reappointed by the Gwinnett County Commissioners and a new board member was appointed, and he is not pictured here.

Q Did the board members appointed by the Commission serve set terms?

A Yes.

Q How long are those terms?

A The terms, I believe, are -- I should know this. I believe they are three-year terms, but can -- there is not a limit to how many terms they can serve.

Q And what broadly is the role of the board of directors for View Point Health?

A They serve as a governing board, and they -- their primary goal is to select and hire a CEO. And then they also set some board governance policy that is very high level. They are not involved in day-to-day

operations.

Q I just want to acknowledge that the list of board of the -- board of directors continues on to page 95; is that correct?

A Yes.

Q So I want to now show you page 100 of the annual report for FY '21, which is a -- it contains a chart showing funding sources for View Point's organization, correct?

A Yes.

Q And that chart shows that 48 percent of overall funding for View Point Health comes from state and federal sources, correct?

A Yes.

Q And 30 percent comes from Medicaid?

A Yes.

Q Is that historically about the -- is that consistent with previous years?

A Yes.

Q Has View Point Health taken any steps to increase Medicaid billing?

A So our -- our strategy has been to diversify our fund sources as much as possible. This is something that we are trying to do with -- with not just Medicaid but other fund sources as well. We -- we have very

little private insurance, and we're not really trying to grow the private insurance portion because we do serve as a state safety net.

As far as expanding Medicaid, we do have team members who try to help assist individuals who might be eligible for Medicaid. As care -- as case managers, we try to help them through that process if they are eligible for Medicaid.

Q Uh-huh. Is there any evaluation, to your knowledge, even within View Point or by an external entity like the Beacon ASO, any analysis of whether View Point is maximizing Medicaid billing for individuals who are already enrolled in Medicaid?

A To my knowledge, we are not trying to maximize. We try to just provide services that are clinically relevant to the individuals based on a person-centered care evaluation and treatment plan.

Q And do you know what the breakdown is for state and federal funds between state and federal?

A I do not.

Q Give me one second.

So I want to show you a slide from the FY '20 annual report. This is page 58. This shows that 65 percent of the revenue for View Point Health was from DBHDD contracts. Do you see that?

A Uh-huh.

Q And that 18 percent of the revenue was for Medicaid, correct?

A Correct.

Q Do you think it's also true that most of the state and federal source money in FY '21 came through DBHDD contracts?

A Yes.

Q And Medicaid revenue has grown from FY '20 to FY '21, correct?

A Correct.

Q Do you know why?

A FY '20 was the year that COVID hit, and we had a massive drop-off in our last quarter of billing, so that's my interpretation of the dip there for that particular year. That has been an outlier year for us when we look back over our financials.

Q Is DBHDD seeking to encourage CSBs like View Point Health to migrate away from reliance on DBHDD contracts and state-sourced funding toward either Medicaid revenue or other third-party revenue?

A I couldn't -- I couldn't answer that real clearly. It's -- we have -- DBHDD contracts with the CSBs to provide services to the uninsured, so that's really their role. If -- if individuals -- some of our

contracts with DBHDD do not fully fund that particular service, and so it's essential for -- for View Point Health to also bill Medicaid for the services for the clients that are eligible for Medicaid in order to make those programs sustainable.

Q And do you know what percentage of View Point's current child and adolescent clients are enrolled in Medicaid?

A I don't have that number off the top of my head, but I would -- in Georgia, Medicaid is pretty readily available for children, so it's -- I would -- I would assume that that would be a pretty high percentage.

Q Just give me one second.

Okay. We can set this one aside for now.

I should ask, is there an annual report for -- a more recent annual report since the FY '21?

A No. We are a little behind.

Q Okay. In your work as CEO for View Point Health, are you coordinating with your counterparts at other community service boards in Georgia?

A Yes.

Q About what?

A We meet as an association on a regular basis, and we have a strategic plan that the Georgia Association of Community Service Boards puts together, and that

association consists of the CEOs of the organizations, and our board members are encouraged to participate as well.

Q And so this is a statewide strategic plan that's produced by the -- the Association for Community Service Boards in Georgia?

A Yes. It's a trade association.

Q Okay. And what would you say is the role of that association?

A It is to advocate for community service boards and the individuals that we serve.

Q Do you have any other regular coordination with your counterparts at other CSBs outside of this association?

A There are committees through that association that's established by the strategic plan that we participate on on a regular basis.

Q Are you -- do you sit on any of those committees?

A I am the vice chair of the Clinical Operations Committee and the vice chair for the Intellectual and Developmental Disabilities Operations Committee.

Q And what does the Clinical Operations Committee do?

A The clinical directors of the community service

boards all serve on that -- on that committee, and we have meetings that are sometimes monthly, but if there is not an agenda item or conflicts, then those get canceled. But the -- that agenda usually consists of reviewing any sort of -- any sort of audit like the Beacon Health Options, audit trends, or concerns that are -- you know, that are coming up so that we can make processes for improvement.

They also include providing support to one another as -- as far as, are we having struggles with workforce? Then what are some of the techniques that you try to attract workforce? It's very much a peer support type of committee.

Q Are there any representatives from State agencies that sit on the Clinical Operations Committee?

A No.

Q Exclusively community service board --

A Yes.

Q -- staff?

Are there specific trends that have been identified with respect to children and adolescent services in the last year through this community?

A Not that come to mind.

Q Are there any documents publicly available with respect to recommendations by or work by this particular

committee?

A The -- we do keep an agenda in minutes, and those are published on the Web site for the Georgia Association of Community Service Boards.

Q Thank you.

So I'd like to show you another document. Give me one second. This will be 512.

(Plaintiff's Exhibit 512 was marked for identification.)

Q BY MR. HOLKINS: I have just published what we are marking as Exhibit 512. The cover for this document is "View Point Health Overview Strategic Plan," Bates stamped VPH000002. It's a 12-page document.

I will give you control so you can briefly familiarize yourself with it. Please let me know when you are finished.

A Okay.

Q So I believe this is the strategic plan for View Point Health for FY '20 to 2025, correct?

A Yes.

Q So this is the current strategic plan?

A Yes.

Q What is your role in developing this document?

A When we first developed it, we met as an executive team and a board of directors, and we had

breakout sessions and reviewed our current plan and then made adjustments to our established plan. And then we periodically look at this. We try to treat this as a living, breathing document and make adjustments to it as we go along.

There -- it is contained in our board management software that we utilize here so that we can make adjustments and changes to it along the way. That -- and -- and so our executive team reviews it periodically. At least annually we take a look at this, but it's something that we try to -- to look at more frequently. But at the very least, we will spend a day or an afternoon as a team readjusting and -- and seeing how we are progressing towards it, keeping it updated.

Q That is a -- a task that the executive team at View Point Health is involved in?

A Yes.

Q So I note -- I'm on page 2 of the document. I'm looking at the very top. It says printed 8/20/22 -- 8/22/2022.

Is -- is it fair to say that this document is accurate as of that date?

A Yes.

Q This was probably generated through the system that you mentioned?

A Yes.
Q And did you personally draft any of this text?
A I participated in the sessions where we as a team pulled this together. I did not type it.
Q Okay. So I want to scroll down to Performance Objective G which appears on page 4. That objective reads, "Continue to identify and train staff on evidence-based and promising practices."
Do you see that?
A Yes.
Q "Initiative 1 - Create a team that reviews best practices in the industry and outside that could be implemented by VPH by 7/1/2021."
Is -- has that team been created?
A We are in process of creating that team. We just recently established a training and professional development team that is really still getting this established. We had a lot of kind of work to do to get us prepared for that, so that is still in -- in process.
The yellow mark over there is -- is -- that indicates in process. It's not -- we are not ready to check that off as done yet.
Q Understood.
And then green means that it's done?
A Yes.

Q And then red means that it's not started?
A Correct.
Q Okay. Has the team that is forming to lead Initiative 1 begun to identify specific best practices?
A Yes.
Q Are you able to identify what those best practices are?
A Some of the best practices that I can recall would be dialectical and behavioral therapy, DBT. That is a practice that we are working on building getting more people trained, getting more staff trained in that modality.

Other best practices that we use are trauma-informed care, as well as cognitive behavioral therapy.

Q And are those best practices that View Point Health was already training its staff on prior to creating this strategic plan, or are these new best practices that View Point Health is looking to integrate?
A We had already -- we had already utilized them, but I think this -- this strategic goal is -- or initiative is more about trying to grow and expand and have a more consistent approach to evidence-based practices.
Q To your knowledge, does -- do staff at DBHDD or

DCH consult View Point Health with respect to best practices and promising practices specifically in the area of child and adolescent mental health?

A It's been my experience that DBHDD has offered consultation, as well as even during some of their training. Sometimes we get training that is available through the Department of Behavioral Health for promising their best practices.

Q Can you recall any specific trainings by DBHDD with respect to promising or evidence-based practices for child and adolescent health?

A Not off the top of my head.

Q Would you ordinarily participate in those trainings?

A No.

Q Who would within View Point?

A The clinicians that provide the services.

Q Are those required trainings for clinicians at View Point Health?

A Clinicians are required to maintain a certain number of clinical or continuing education trainings for their license, and so that is a requirement. We do it -- we do offer or make available different opportunities for our clinicians to have time to seek all of those trainings, but in -- and sometimes a training would be

mandated or required, but sometimes the clinicians have their option to seek training on their own as well.

Q Would those trainings be mandated or required by View Point Health or by DBHDD?

A It could be either.

Q Stepping back, what -- why does the subjective matter? What's the importance of offering evidence-based or promising practices?

A Because we aim to provide high-quality care to the individuals that we serve, and we believe clinically that offering evidence-based and promising practices is the best way to offer that sort of care, high-quality care.

Q Is it your experience that providing evidence-based services leads to better outcomes for children and adolescents with behavioral health conditions?

A Yes.

Q Is it your experience that delivering evidence-based services helps children with behavioral health conditions remain in their communities?

A Yes.

Q So Initiative 2, which I see has the green mark signaling that it's done, it says that VPH or View Point Health staff will be continually surveyed to identify

training needs.

So that's -- that's occurred, correct?

A Yes. We did survey our staff to ask them their needs.

Q And what training -- additional training needs were identified through that survey specifically in the area of child and adolescent mental health?

A I can't recall that information.

Q Do you know who would be able to answer that question at View Point?

A I believe we would be able to find that out.

Q Okay.

A I would just need to go back and look at the survey results.

Q Initiative 5 references an annual training review. Can you explain what that is.

A So review and enhance our annual training review for existing staff and develop an electronic version of the annual training.

So we have -- through our human resources department there is a standardized annual training review for all employees to take, and we wanted to revise that process. It was a paper process. We had a -- a paper packet of information to review and then questions to answer, and we just wanted to develop that in a -- in a

way that is electronic; that we could kind of use technology to track that in a better way and even potentially revise some of the questions to make sure that they are staying on topic and being current.

Q So I want to scroll to another section of the strategic plan. Give me one second.

So we are now under Strategic Goal III, which is, "Enhance the organization's infrastructure that supports our mission and the individuals we serve through efficient, effective and reliable facilities and systems."

I want to direct you specifically to Performance Objective B, which reads, "Improve functionality within Carelogic to include enhance real-time data and reporting, efficiency of documentation, streamlining workflows, and overall user ease by end of 2022."

First off, what is Carelogic?

A Carelogic is our electronic health record, our medical record.

Q And is that just a View Point system or is that an electronic health record system used by other CSBs?

A It's used by other CSBs.

Q Is it statewide?

A No.

Q Initiative 1 reads, "Utilize MTM/CB -- CCBHC gap analysis and readiness assessment to direct our focus and needs."

First off, are you familiar with the acronyms "MTM" and "CCBHC"?

A Yes.

Q What do they mean?

A MTM, I actually can't tell you what each letter means, but MTM Services is a consultant group that the Department of Behavioral Health and Developmental Disabilities hired to consult with the State, particularly the community service boards, to prepare for becoming CCBHC, which is Certified Community Behavioral Health Clinic.

Q Has View Point Health become a CCBHC?

A No.

Q Are you in the process?

A We just received a federal grant through SAMHSA to help plan for that, and we just received that. It started October 1st.

Q Well, congratulations.

A Thank you. We are very excited about that.

Q Do you know if other CSBs in Georgia have become CCBHCs or received grants from SAMHSA to receive that?

A Other CSBs have received grants from SAMHSA. They -- the Department of Behavioral Health has also issued some planning grants themselves to some CSBs. And as of my knowledge today, no one has actually become a Certified Community Behavioral Health Clinic. It's my understanding that DBHDD is the authority that would develop and implement that certification process, and that is under development at this time.

Q And in your view as CEO of View Point, what are the benefits of becoming a CCBHC?

A So as the CEO of View Point, I have been monitoring the CCBHC movement nationally since it began in 2015 and have been trying to align our practices and operations to be able to become a Certified Community Behavioral Health Clinic when that's available, and I believe that it will improve access to care for the individuals in need. And it also focuses heavily on integrated care, which is the integration of primary care and mental health treatment, and we believe that that integration is vital to the overall health and well-being of the individuals we serve.

Q I want to ask you about this -- the gap analysis and readiness assessment that's referenced in Initiative 1.

A Uh-huh.

Q What is that?

A That was an analysis that the community service boards participated in with the guidance of MTM Services consultation.

Q And what was the point of the analysis?

A To measure our current operations with the certification standards for becoming a CCBHC and identify where we needed to make changes and improvements.

Q Did this include any analysis of service gaps in the catchment area that View Point serves?

A Yes.

Q Could you describe a little bit what the specific analysis revealed with respect to service gaps for View Point?

A This was a very comprehensive assessment, so I -- I couldn't give you very much detail, but I -- I do recall that one of the requirements, required services of a CCBHC, is medication-assisted treatment. And at the time of completing this initial assessment, View Point Health did not have a medication-assisted treatment program, and since then we are in the process of developing that. We did receive some funding for medication-assisted treatment, and we are very -- we are going through the process. We are waiting on a few of our licenses in order to be able to get that up and

running.

Q Did -- is View Point adding any child and adolescent mental health services as a result of this gaps assessment?

A We offer a wide array of child and adolescent services. I don't recall a specific one that needed to be added for this purpose.

Q Just quickly, Initiative 5, "Establish real-time dashboards," what are you contemplating with this?

A So functionality in Carelogic was promising real-time dashboards in that electronic health record. That -- we have not been able to establish that yet. That is something that is -- that is being built in the electronic health record, and so our hope is that when a clinician opens up the electronic health record, that they will have a dashboard that is customized with information that is pertinent that they need.

Q For that client?

A Or for that clinician.

Q Okay.

A For their caseload.

Q So let's move to Performance Objective C, which reads, "Improve clients' accessibility to VPH services, appointments, scheduling by end of 2021."

Initiative 1, it looks like this one is not quite underway. Is that accurate?

A Correct.

Q Okay. It reads, "Conduct a needs assessment of access."

Could you describe what is envisioned?

A I cannot. I -- I don't recall the discussion around this item.

Q Do you -- are there specific staff within View Point who are designated to have responsibility for each of the initiatives or performance objectives under this plan?

A We -- I don't -- I don't know if there is a list over here. If the way our document is set up, if it has person responsible on there, but this would -- this would be coming out of our quality assurance department. That's who oversees our electronic health record and our reporting and data.

Q And who leads the quality assurance department at View Point?

A Gillian Mitchell.

Q Are you aware of any efforts at View Point Health to conduct a needs assessment of access specifically to child and adolescent mental health services?

A No. However, the -- the CCBHC grant requires a community needs assessment, and so we are in the very initial phases of beginning that, so --

Q And MTM, as I understand it, is a State contractor, correct?

A Yes.

Q Are you working directly with MTM?

A We have not started that process yet. They have been -- there were other grantees that were about a year ahead of us, so they have been working with MTM Services, so we have not started that process yet since we just received the grant this month.

MR. HOLKINS: So we are about an hour in. I suggest we take a brief break, ten minutes. If we can go off the record.

THE VIDEOGRAPHER: Off the record at 10:05 a.m.

(The deposition was at recess from 10:05 a.m. to 10:30 a.m.)

THE VIDEOGRAPHER: Back on the record at 10:30 a.m.

Q BY MR. HOLKINS: Welcome back, Ms. Hibbard.

A Uh-huh.

Q I want to first circle back to some things we were talking about earlier in the morning. Were you able to get clarity as to whether Beacon is also doing a

review of the Medicaid-funded services --

A Yes.

Q -- at View Point?

They are?

A Yes, they are.

Q Do you know whether DCH is separately performing any analysis of Medicaid-funded services provided by View Point?

A Not that I am aware of.

Q And so those at least annual audits that are performed by Beacon would include reviews of Medicaid-funded services --

A Yes.

Q -- provided by View Point?

A Yes.

Q You referenced the strategic objective for View Point of diversifying revenue sources. Why is View Point seeking to diversify revenue sources? Why does that matter?

A We feel that it's important to have multiple sources of revenue streams and payers that -- in order to be more sustainable. So we've sought out other option -- or other avenues for -- for payers for certain services that -- that are available to us.

Q And what other avenues of payer sources are you

pursuing?

A Would you like a couple of examples?

Q Yes, please.

A So, for example, there is a new program that we have implemented about a year or so ago that is a co-responder clinician that rides along with law enforcement, and that is the -- it's not sustainable to try to bill for services for that particular service for that clinician to be available to law enforcement, so the law enforcement partners are contracting with View Point Health for that -- for that clinician time. So that's another payer source. It's not a payer as such like an insurance payer, but it's -- it's just another contract that we have to provide that service.

Additionally, there is -- when the COVID-19 pandemic hit, we did notice a large increase of individuals who were homeless and needed homeless services, and so we had pursued some contracts with the Department of Community Affairs to increase our ability to help individuals access housing.

Q Thank you.

So I want to now turn to the topic 4 in the list of topics that we shared with View Point through our subpoena and run through some of the organizations that are specifically identified and ask you about the

coordination that View Point has for each of those entities. And I'd like to start with the Georgia Department of Behavioral Health and Developmental Disabilities. Could you speak to the direct work that you do as CEO with View Point -- of View Point Health in coordinating with DBHDD.

A So primarily we receive contracts, State contracts through the Department of Behavioral Health, and it's my role to review and sign those contracts.

And then we also have opportunities to talk with various department heads. For instance, the Department of Behavioral Health is led by Monica Johnson, so if there is ever initiatives or concerns or we have open communication.

The same with the Department of Addictive Disease, which is led by Cassandra Price. We can -- we are -- have easy access to get support and guidance through -- through that.

Q What kind of problems would you bring to Monica Johnson's attention?

A If there is an access problem. If there is somebody who we are having difficulty place, that -- that is underresourced. That -- that sort of thing. She -- she definitely helps with that or helps us connect with other team members who would be able to help.

Q Do you discuss overall or overarching strategic initiatives for View Point Health with Monica Johnson?

A If -- if warranted. For instance, we have a gap in our service array. We do not have a 24/7 crisis service center as part of our service array, and we have communicated that gap to Monica to advocate for funding to add that to our service array. We also don't have a physical location that would be well-suited for that service, so there's -- that would just be one example.

Q And this is crisis stabilization services for children and adolescents in addition to adults, or just for one of those populations?

A This one in particular would be for adults, the crisis service center.

Q Is there a crisis service center for youth operated by View Point?

A So there is a crisis stabilization unit --

Q Okay.

A -- that is for youth operated by View Point Health.

Q Okay.

A And that is a physical location. We have one that serves adolescents and then one that serves children with autism, so two separate units.

Q How are those units funded?

A They are funded through the Department of Behavioral Health and Developmental Disabilities.

Q Exclusively through a DBHDD grant?

A Through a contract, yes.

Q Through a contract.

And do you recall what the annual funding is that's allocated to View Point through those contracts?

A I could give you a rough ballpark, but not exactly without looking at it.

Q A ballpark would be great.

A So the adolescent unit I believe is somewhere around 3 million. I'm -- I really -- it's -- it's rough. And then less than 2 million for the autism unit.

Q To your knowledge, is View Point supplementing that funding through other external payer sources?

A From time to time we can get single case agreements with Medicaid through the care management entity -- sorry, for -- through the CMO, the care management organization --

Q Uh-huh.

A -- for individuals who have that -- who need that care and who have that payer source.

Q Is it fair to say that the bulk of the funds to support services provided by the CSUs for youth and adolescents comes from the DBHDD grant?

A Yes.

Q Are there any other -- you referenced filling service gaps as one issue that you would raise with Monica Johnson. Are there other topics or problems that you would bring to her attention or have brought to her attention specifically in the realm of child and adolescent mental health?

A So not -- not anything that I can think of off the top of my head, but if there was -- if there was an issue with a child needing access to services and we were running into barriers, we could -- we could easily talk to her or somebody from her team.

Q Have you ever had discussions with Monica Johnson or any of her staff at DBHDD with respect to the GNETS program?

A There was communication from somebody from her staff regarding the GNETS program one time that I can recall. It was in the form of a memo.

Q What was that memo about?

A The memo stated that -- from my recollection, that the funding that we have for Apex, which was school-based services, should not be utilized in GNETS schools.

Q Do you recall if you received that memo from Danté McKay?

A Yes.

Q And Danté McKay leads the Office of Young Adults Childrens. I think it's OCYF, correct?

A Yes.

Q Okay. Do you recall when that memo was sent, when you received it?

A A few years ago.

Q And to your knowledge, since then, have there been any changes to DBHDD's policy with respect to using Apex funds to support services in GNETS programs?

A Not that I'm aware of.

Q Before that memo was issued, was View Point relying on Apex funds to support services in the GNETS setting?

A No.

Q And why -- why is that the case, that View Point was not using Apex funds to support services in GNETS settings before that memo was issued?

A From my recollection, we had just started with our school-based services in our counties, and we were focusing on the primary public schools that are in our counties and getting those services up and going, and we had limited clinicians and services at that time, and we were just getting those established.

Q And at that time, was there any plan to expand

Apex services into GNETS facilities at View Point?

A Not that I can recall specifically.

Q And what is your understanding of the reason stated in that memo from DBHDD for this exclusion?

A I would have to look back at the memo to see if it did include a reason, but I just remember that we were not to utilize those funds for GNETS.

Q And so sitting here today, do you have a -- an understanding separate from the memo of why DBHDD does not allow Apex funds to be used to support services in GNETS facilities?

A I think that it has to do with where the fund sources are coming from and -- and wanting to make sure that it's aligned with what the purpose of those funds were.

Q I'd like to now move to the Department of Community Health. Are you interacting on a regular basis with any staff at DCH?

A Not on a -- not on a very regular basis. I know that we have to -- our team has to work through our provider application when we want to open a new site. If we are going to open a new site or if we are going to have a new Medicaid number, for instance, the medication-assisted treatment team that I rec- -- or that I mentioned earlier that we are establishing, we have to

go through a subdepartment of the Department of Community Health to get licensed to be able to offer that service. So that's the type of interaction that we have. I don't personally have interaction with anyone in particular.

Q And who within View Point, who on your team is responsible for interacting with DCH around, for example, enrolling as a Medicaid provider for a new service?

A Our director of revenue cycle, Amanda Ledbetter.

Q To your knowledge, are staff at DCH involved in helping View Point identify gaps in service access specifically for children and adolescents with mental health?

A Not to my knowledge.

Q To the best of your knowledge, are staff at DBHDD actively involved in assisting View Point and identifying gaps in access to mental health services for children and adolescents?

A Yes. The Office of Children, Youth, and Families are more involved and -- and also have initiatives and -- and to try to improve services. For instance, the crisis unit for children with autism, that was something that we were asked specifically to open by the DBHDD.

Q So DBHDD came to View Point and said, we would

like to see you open --

A Yes.

Q -- this CSU specifically for children with autism?

A Yes.

Q And what was the basis for their recommendation, to your understanding?

A To my understanding, there were -- that was a service gap that was noted statewide so that these children were not able to access the crisis stabilization services that they needed through the private system and that they recognized that specialized services needed to be made available in a -- in a dedicated unit that is focused on being able to use applied behavior analysis, which is another evidence-based practice modality, to be able to help these individuals. And so we serve kids for -- for the entire state.

Q And then the State made funding available through annual contracts to support that program?

A Yes.

Q I think you mentioned it was in the range of 3 million; is that right?

A The autism unit is less than 2 million. The adolescent unit, which is focused for behavioral health in adolescents, is the one that I believe is closer to 3

million.

Q Thank you.

Could you describe the coordination between View Point Health and the Georgia Department of Education?

A I don't have a lot of interaction with the Department of Education.

Q What about your staff?

A There could be, but not that I have -- not that I am very knowledgeable about.

Q To your knowledge, has View Point Health ever partnered with the Georgia Department of Education specifically with respect to expanding access to school-based behavioral health services?

A I don't know if I can say specifically that it was a partner with the Department of Education in connection with school-based. I --

Q You can't recall a time?

A I would -- I would assume that we have, but I can't recall a specific time where we did --

Q And how long --

A -- directly.

Q I should have asked this before. How long have you been a CEO of View Point Health?

A Almost nine years.

Q And did you have any roles at View Point Health prior to becoming chief executive officer?

A Yes.

Q What were they?

A So I've been with the organization for 19 years. I started out as an intake clinician, and then I have also served as -- in the quality assurance department, I have served as a center director, a clubhouse director, vice president of programs, chief operating officer.

Q And during that 19-year period, can you recall any specific instances of cooperation or coordination with the Georgia Department of Education around expanding school-based behavioral health services?

A I -- I would assume that we have. I just can't recall a specific -- a specific time. There -- I do know that I work directly -- when we were trying to open our -- our autism unit for the CSU for children with autism, we worked with DBHDD to make sure that there was funding through the Department of Education to have a teacher be available at the children's unit, because when they are admitted into our unit, they still need to continue on with their education. And so we worked with the local Rockdale -- it's in Rockdale County, so the local Rockdale public schools, so that they could get

funding to supply a teacher, and that did come from the Department of Education.

So that's a -- it's not necessarily regarding school-based, but...

Q Right.

A And then there was another time where Governor Kemp came to visit the Meadowcreek High School, and I would assume that the Department of Education was involved in that, too. We were a part of it. It was -- we had a -- a session there where he came to see how the school-based services were working out, and the Department of Behavioral Health was there as well.

Q Let me just pose one more question on this and we will move on. Do you have any ongoing work in your role as chief executive officer with the Georgia Department of Education around expanding access to school-based behavioral health services in your catchment area?

A No. The -- the work that we do is more on the local level with the school counselors and the superintendents of the three counties that we are in.

Q Does the Georgia Department of Education have any regular involvement in View Point Health's Apex program?

A Not that I am aware of.

Q I'd like to move on to the Georgia State University Center of Excellence. Are you familiar with that entity?

A Yes.

Q And what is -- what coordination occurs between View Point Health and the Georgia State University Center of Excellence?

A So we operate a care management entity, and we have worked with that Center of Excellence for the evaluation of the care management entity's performance.

Q And is that ongoing work?

A Yes.

Q So are you providing -- is View Point providing regular reporting with respect to care management entity performance to the Center of Excellence?

A Yes.

Q And what generally is the subject of that reporting?

A Access for -- we are measuring -- and that -- that is an entity that serves statewide, so we look at our individuals who need the services being able to access the service, as well as their overall outcomes based on the fidelity of the model.

Q I'd like to show you another exhibit that's on this topic. Give me one second and I will share the

screen. This will be -- the e-mail will be 513 and the attachment will be 514.

(Plaintiff's Exhibits 513 and 514 were marked for identification.)

Q BY MR. HOLKINS: So I've just published what we are marking as Exhibit 513. This is an e-mail from Chad Jones to several recipients I believe at DBHDD, including Danté McKay, and it's dated March 14th, 2016. For the record, I will note that this is GA00578758, and it's produced by the State of Georgia to the United States in connection with this matter.

You are not on this e-mail. I don't expect you to have seen it before, but I want to show you this e-mail by way of introducing one of the attachments --

A Okay.

Q -- which is going to be the -- the CME report for -- for 2016.

A Okay.

Q Give me one second and I will pull that up.

So this is, for the record, GA00578761. It's the attachment to the e-mail that we have just discussed. This is Exhibit 514 at the top. It reflects that the month -- that this is data reporting for the month of February 2016, and the title reads, "View Point Health system of Care Coordination Encounter Data Report."

Have you seen documents like this before?

A Yes.

Q What is this document?

A This is part of our tracking to ensure that we are -- or not -- this is part of our tracking for the system of care, the CME, the care management entity, where we track the number served and kind of their other ancillary services that are coordinated as part of that service.

Q And this reporting goes directly to DBHDD or to the Center of Excellence?

A I believe it goes to both.

Q Could you clarify for the record what a care management entity is.

A I'll do my best. So the care management entity is a High Fidelity Wraparound program for youth who are really at risk of out-of-home placement. So they are at risk of having multiple involvement with other State agencies like maybe the Department of Juvenile Justice, or they might need a psychiatric treatment facility outside of the home. They may be in foster care.

So these -- these youth get identified to really be high need, and so the CME is -- is a coordinated effort to wraparound services and coordinate the care for each individual.

So we might not necessarily provide all of the services that that child needs, but we coordinate it in a -- in a fashion to make sure that they are getting everything that they need. And really this is -- these are maybe like the top 5 percent of the kids that really need this high level of care.

Q And so the care management entities, is it fair to say, are exclusively focused on the provision of High Fidelity Wraparound?

A Yes.

Q How many care management entities are there in Georgia?

A They started with two, and I believe we've got two more that -- or two more organizations that are coming on board.

Q And what are the two that were the first to become CMEs?

A View Point Health, and it used to be called Lookout Mountain Community Service Board. They have changed their name to Bridge Health.

Q Bridge Health. And what are the two entities that are pursuing CME status?

A I am going to say -- I think it is ASPIRE Community Service Board and CSB of Middle Georgia. That's my understanding.

Q Do you know -- do you have an understanding of why those two entities were chosen to become CMEs?

A They applied for the -- I believe there was an RFP process put out by the Department of Behavioral Health and Developmental Disabilities, and it was a competitive bid process, and they applied and were selected.

Q What's your understanding of why DBHDD sought to expand the number of CMEs providing High Fidelity Wraparound in the state?

A To be able to provide more access and a geographic coverage of the state.

Q And prior to -- adding these two potentially new CMEs, were the two that you mentioned, View Point and then formerly Lookout Mountain, responsible for covering the entire state?

A Yes.

Q And in your -- do you have an opinion as to whether that was sufficient, two CMEs to cover the entire state for High Fidelity Wraparound?

A I was supportive of adding an additional two CMEs.

Q Do you think that is sufficient, for CMEs to ensure statewide access to High Fidelity Wraparound services for the children who need it?

A I think it's a little too soon to tell, because I would love to be able to see some of the data to see if we were able to improve penetration rates in some of those more rural counties.

Q And what data was being collected with respect to penetration rates for High Fidelity Wraparound?

A Number of kids served per area.

Q Who was responsible for submitting that data? Was that part of this reporting process through the CMEs?

A Yes.

Q Okay. Is this data that View Point Health is still reporting on a monthly basis to DBHDD and the Center of Excellence?

A I believe so.

Q And does that data, the current version of -- of this report, also reflect a number of youth diverted from unnecessary services?

A I believe so.

Q Can you explain how View Point makes the determination that a child has been diverted from unnecessary services, for example, at GNETS as a result of receiving High Fidelity Wraparound?

A I cannot. I --

Q Who -- who would be in the best position to answer that question for View Point Health?

A Chad Jones.

Q Do you review these reports on a regular basis?

A Not on a consistent basis. We do have -- there have been times when we meet with the COE and the DBHDD to review overall trends. It's not on a regular consistent basis.

Q Are you aware of any other tracking or reporting, I should say, done by View Point that would show how many children were diverted from unnecessary placement in GNETS as a result of receiving one of your services?

A The only tracking that I'm aware of is the tracking that we do for the CME.

Q In connection with High Fidelity Wraparound?

A Yes.

Q And I should clarify that the High Fidelity Wraparound service in Georgia is Intensive Customized Care Coordination, or IC3?

A Yes.

Q Correct?

A Yes.

Q Okay. Could you describe just for the record -- and it doesn't have to be precise, but can you describe what Intensive Customized Care Coordination is, nuts and bolts?

A Again, I am not the best person to answer this, but it -- it's -- it's that High Fidelity Wraparound service that includes identifying getting a really clear plan of action, so identifying natural supports, as well as treatment needs that might be available to that child and family, and then connecting all of those resources together, and then monitoring the success and meeting on a regular basis with the team to determine if the outcomes that -- that they are hoping to achieve are -- if they are moving towards those outcomes.

Q Has it been your experience that the Intensive Customized Care Coordination service is effective in producing better outcomes for youth and families that are participating in it?

A Yes.

Q And would that include diverting children who are receiving High Fidelity Wraparound services from unnecessary services in places like GNETS?

A Yes.

Q And that's based on your review of this data, correct?

A And by having anecdotal conversations with our team members, uh-huh.

Q And which specific team members do you discuss the effectiveness of High Fidelity Wraparound?

A Chad Jones.

Q Do you have an understanding of what DBHDD and the Center of Excellence do with this reporting that View Point provides on a monthly basis?

A I believe it is to monitor our performance and to uphold the fidelity of the model that we are utilizing for the services.

Q What is your understanding of how the State is assessing View Point's fidelity to that model?

A They're -- say that question again.

Q Absolutely.

We talked about this reporting as one tool --

A Uh-huh.

Q -- that the State uses to assess View Point's fidelity to the High Fidelity Wraparound model. I'm curious if there are other ways that the State is assessing View Point's fidelity?

A Yeah. So I believe the State has access to our records so that they can do a record review similar to the review process that I mentioned earlier to make sure that we are providing services in accordance with the intended descriptions of the service guidelines. I also believe that they do -- they conduct family and -- and client interviews so that they are surveying to see if they are satisfied.

Q When is the last time that you can recall that DBHDD performed the record review that you just described to determine whether or not services are being provided consistent with DBHDD's Provider Manual? And these would be separate from the Beacon process that we discussed earlier.

A I cannot recall. I -- I couldn't say.

Q Has it been more than a year?

A I believe -- so they could have made the review. I haven't talked to them about that review process and had a meeting with them.

Q If DBHDD wanted to review records in connection with provision of the specific service that's being offered --

A Uh-huh.

Q -- by View Point under DBHDD's Provider Manual, how would that process start?

A They would -- they would talk to our staff members directly that are in the CME program and make that arrangement to do so.

Q Would you expect that they would direct that inquiry to Chad Jones?

A He might be involved. It might even be somebody on his team that would have direct access to be able to make that happen.

Q Are you aware of any instances where DBHDD has identified problems or a need for corrective action as a result of these file reviews?

A Not necessarily of the file review, but I do know that there has been times where they have been concerned about our service -- our penetration rate throughout the state. So that has been a topic of discussion, is to, how can we improve access for some of the more rural counties into the services.

Q I believe there has been a High Fidelity Wraparound benchmarking effort. Is that accurate?

A Uh-huh.

Q DBHDD has participated in this review of statewide access to High Fidelity Wraparound?

A That's my understanding.

Q Okay. Ms. Hibbard, how do you define fidelity as we have been using it in this deposition?

A So the High -- the wraparound services that we use have a specific model, and I -- I can't recall the -- I think it's just called High Fidelity Wraparound, but there might be another name for it, but there is a prescribed model that is utilized. I think -- I believe it's nationwide that -- you know, that's available in other parts of the nation as well, and that's the model that we use.

Q So there is an established national set of standards and criteria for providing High Fidelity Wraparound, and you're being -- View Point is being assessed based on its conforming to those standards?

A Yes.

Q You mentioned that applied behavioral analysis is offered at the autism crisis stabilization unit, correct?

A Yes.

Q Is applied behavioral analysis offered outside of that unit through View Point?

A Yes. We also have an outpatient clinic. That's very small. It's on the third floor of this building that serves children from -- on an outpatient basis as well.

Q How many children receive services at that clinic on an annual basis?

A I don't have that number off the top of my head. It's -- we only have two board-certified behavior analysts in that department, and so it's -- it's just their caseloads. So I don't have the number, though.

Q So there are two applied behavioral analyst providers that are based in this clinic, and then you have ABA also available through the crisis stabilization unit that you described?

A Yes.

Q Anywhere else?

A Not to my knowledge. There might be -- there might be one that's in our -- I don't know if we still -- we would have to check with Chad Jones if we do have one that's in our community base. There had been one before. I'm not sure if that's still happening.

Q When we were talking earlier about the Georgia Department of Education, you mentioned that there was more coordination happening at the local level with schools.

A Yes.

Q Is that accurate?

A Yes.

Q Could you describe the coordination that is occurring between View Point and schools in your catchment area.

A Okay. So for our Apex Program, we have school-based clinicians that are embedded in the local public schools for both Gwinnett County, Rockdale County, and Newton County, and so those clinicians report to the school, and that's their -- that's their work site.

We also have -- Chad Jones also oversees the Apex programs, and we have meetings as needed with school administrators at those three public schools, and it's

usually the school counseling department that we work with.

Q Is it fair to say that the coordination that's occurring between View Point and local schools in your catchment area is entirely through the Apex Program?

A We do some -- there is -- there is a possibility that other programs are doing work in the schools to -- I know for sure we do have a program called KidsNet that is outside of the Apex Program, and that's in association with Gwinnett County Public Schools where we have screeners. So they do a mental health screening and make referrals out if -- if -- if an individual is in need.

So they might just do a screening, and if they have private insurance, they might connect them up with a private therapist in the community to receive services.

Q Do you recall when View Pex -- excuse me, when View Point implements Apex services, what year?

A The exact year, I want to say it might have been 2014/2015, but I'm -- that's just off of my -- I could look.

Q That's fine.

A And I can get that information.

Q We can clarify that later.

A Okay.

Q To your knowledge, was View Point providing school-based behavioral health services before it implemented Apex?

A We were providing KidsNet screening. We have been doing that for a number of years. I can't tell you exactly how long, but we did have screeners in the school.

We also are a contracted provider for Gwinnett County Public Schools to provide a very time-limited, short session that we use the Seven Challenges, and it's an after school-type program that the school makes referrals to. And kids will come and -- and the -- the child and their family will come for four sessions of the Seven Challenges, and then that's just a onetime thing.

Q To your knowledge, does View Point coordinate directly with LEAs or RESAs?

A My understanding is that individuals who might be in -- in the CME might be utilizing the CME services. There -- there is treatment teams that happen, and there might be some interaction there. I -- but I don't have -- I'm not the best person to ask for that.

Q Who would be the best person to ask?

A Chad Jones.

Q What is View Point Health's coordination with GNETS programs directly?

A So we do have some programs that are completely outside of the Apex Program that we do provide support services for GNETS, for South Metro GNETS.

Q Where is South Metro GNETS located?

A South of Atlanta in Clayton County.

Q So that's outside of the catchment area for View Point, correct?

A Yes. Yes.

Q How did you form that partnership with Gwinnett County -- or, excuse me, with South Metro GNETS?

A To my understanding, we -- the -- the superintendent of Clayton County schools knew of View Point because of our CME, which is that statewide coverage, and had a connection that way.

Q Are you familiar with a GNETS program called Mainstay?

A Not to my knowledge. I don't recall.

Q Are you familiar with a GNETS program called DeKalb Rockdale?

A I would assume that that's the GNETS that services Rockdale County Public School.

Q Were you aware that there was a GNETS program serving DeKalb and Rockdale?

A I know that there are GNETS programs servicing -- that public schools have access to GNETS

programs, so -- and I believe one of them is called Mainstay. I just can't -- I'm not sure which one it is, so...

Q Let's talk a bit about South Metro. You mentioned that there is some ongoing support that's occurring from View Point staff to South Metro GNETS. Can you describe what that entails?

A That is a separate contract that we contract directly with, or Clayton County Schools or South Metro GNETS contracts directly with View Point Health for one or more clinicians. I believe it might be two clinicians that go in and provide services for those that are in need of behavioral health services.

Q So I'm going to show you a couple more documents. The first is a cover sheet, and this -- these are documents produced by View Point, and the next will be the attachment. Give me one second.

And just for the record, this is VPH000009. The title is "Non -- Non-Apex Services and Staff: Schools, Settings, & Times of Services."

And this was a document produced by View Point Health to the United States in response to our subpoena. I'm now just going to quickly show you the document.

MS. COHEN: Are we going to mark it, Patrick?

MR. HOLKINS: I'm sorry?

MS. COHEN: Are we going to mark it?

MR. HOLKINS: We have.

MS. COHEN: Yeah.

MR. HOLKINS: Oh, if -- I think we -- I said this is Exhibit 516 (sic).

MS. COHEN: Thank you.

MR. HOLKINS: Thank you, Franny.

(Plaintiff's Exhibit 515 was marked for identification.)

MR. HOLKINS: So let's set that aside.

(Plaintiff's Exhibit 516 was marked for identification.)

Q BY MR. HOLKINS: For the record, this is Exhibit 517 (sic), and it is the document that follows, the cover sheet that I just shared. The Bates stamp that we received from View Point is VPH000009.002.

Can you still see the document in South Metro GNETS?

A Yes.

Q Does this document list the View Point staff that are working at South Metro GNETS as you described? And I will give you control of the document so you can review. You should have control.

MS. COHEN: I'm sorry, I'm hearing from the peanut gallery that this document is 515. Is that what

you -- you are showing?

MR. HOLKINS: So this should actually be -- I did skip a number. So this should be 516, and then the e-mail should be 515.

MS. COHEN: Okay. Thanks.

THE WITNESS: So I would need to -- I would need to check with other staff to confirm whether these are the team members, because I personally don't know the team members' names, but...

Q BY MR. HOLKINS: Who would be in the best position to confirm whether these are the staff assigned to South Metro GNETS by View Point Health?

A Chad Jones.

Q And what's your understanding of what services these individuals are providing at South Metro GNETS?

A My understanding is that they provide behavioral health assessments and individual counseling.

Q Do you have any understanding of whether those services are provided to students at South Metro GNETS other than by these clinicians?

A Say that again.

Q Yeah, let me try that again.

I'm trying to understand whether these are new services that are being offered at South Metro GNETS through these clinicians.

A What do you mean by "new services"?

Q Was South Metro GNETS offering the same services that you mentioned -- individual counseling, behavioral health assessments -- before these clinicians were embedded in the program?

A Not that -- I don't -- I don't know the -- I don't know what they were doing before we were involved.

Q Does View Point Health have contracts with any other counties to provide behavioral health assessments and individual counseling in other GNETS programs?

A So I believe we -- I would have to check on that. I would have to check to see. I know for sure that we have one with South Metro GNETS. I would have to check to see if we have any others, because I know that we have -- we had talked about that need, but I'm not sure if we've actually -- have a contract on clinicians yet.

Q And would you ask Chad Jones about that as well?

A Yes.

Q Okay. To your knowledge, are the staff that are identified here assigned full-time to South Metro GNETS?

A I don't know that.

Q And how long has this been occurring?

A I would have to check on that as well, or we can -- we can ask Chad.

Q We'll just put a pin on this, and we'll revisit --

A Thank you.

Q -- with Mr. Jones tomorrow.

Outside of the embedded clinicians that you just described at South Metro GNETS, are you aware of any ongoing collaboration between View Point Health and GNETS programs?

A I do believe that some of the individuals that we serve in our care management entity, in our High Fidelity Wraparound, might also be involved in -- in GNETS, in -- in a GNETS program, but I don't know that for sure, but I...

Q Is it possible for a student enrolled -- currently enrolled in a GNETS program to be participating in High Fidelity Wraparound through View Point Health?

A Yes.

Q Do you have a ballpark figure for the number of children from the three counties in your catchment area -- Newton, Gwinnett and Rockdale -- that are referred on an annual basis to GNETS program from their local schools?

A I do not know that.

Q Is that something that, to your knowledge, View Point is tracking?

A No.

Q They are not?

A Not to my knowledge.

Q Does View Point Health coordinate with the Georgia Advocacy Office?

A Yes.

Q With respect to what?

A I know that Chad Jones has been contacted by the Georgia Advocacy Office for advocating for children who are needing access to services. I know that there has been a good relationship between View Point and the Georgia Advocacy Office in just trying to ensure that services are available and to the youth.

Q And is -- what's your understanding of the role of the Georgia Advocacy Office in the Georgia System of Care?

A They -- they advocate for children to make sure they've got equitable access to the needs or to the services that they need, and they are -- that's my general understanding of it.

Q I want to go back to your coordination with local schools and ask you just a few more questions about that.

A Okay.

Q Do you -- does View Point Health share data with respect to student outcomes, for example, with local schools within its catchment area?

A I would have to check on that to see if we are sharing data with our schools. I know that we've got agreements where we keep separate records, of course, because it's protected health information, so there might be some general data as far as number served that -- that we do share. I would have to check to see if there is any particular health outcomes that we share.

Q Are you -- are you familiar with the monthly reporting that View Point makes to the Center of Excellence and DBHDD in connection with its Apex Program?

A I don't review it on a regular basis, but I do know that there is reporting.

Q Do you know whether the data being reported through those monthly reports to DBHDD and the Center of Excellence has shared with participating schools?

A I would have to check on that.

Q Do you sit on any statewide committees?

A Other than the ones that we mentioned earlier through the Georgia Association of Community Service Boards?

Q Yes, other than that one.

A I'm trying -- I don't -- I don't believe so, statewide committees. I'm trying to think. I do serve on -- I serve on a variety of committees, but I'm trying to make sure that I recall one.

Q Let me be a little bit more specific. Are you involved in the Interagency Directors Team?

A Oh, I am not, the IDT meeting. View Point has had a seat in that committee, and currently I believe it's Chad Jones that participates in that. Prior to that it was Tammy Conlin, who was a former employee. So we do have a seat, and I have designated that.

Q Okay. And what about the Georgia Educational Climate Coalition; do you participate?

A I do not.

Q Do you know if anyone does on behalf of View Point?

A The Georgia Educational Climate, is that --

Q Coalition.

A Coalition. Not that I can recall, but that -- it's possible.

Q What about the Behavioral Health Coordinating Council? Are you familiar with that entity?

A That is the entity that the Interagency Directors Team reports up to, right? That's shared by the commissioner of DBHDD. I'm familiar with it. I

don't serve on it.

Q Do you participate in meetings of the BHCC?

A No. I have not participated in meetings that I can recall.

Q All right. So give me a second. I am going to now pull up some contracts --

A Okay.

Q -- between View Point Health and DBHDD and ask you some questions.

A Okay.

MR. HOLKINS: So I think we are now on 517. Is that right?

THE COURT REPORTER: Yeah.

(Plaintiff's Exhibit 517 was marked for identification.)

Q BY MR. HOLKINS: So I have just published what we are marking as Exhibit 517. This was produced by View Point Health in response to your subpoena. The Bates number is VPH000005.022.

Based on the top of the document, this appears to be an FY 2023 contract between View Point Health and DBHDD for the Georgia Apex Program.

I am going to give you control of the document. There is no need to review this line by line, but I just want to give you a chance to familiarize yourself.

MS. COHEN: Are we going to give it an exhibit number?

MR. HOLKINS: We did.

MS. COHEN: Oh, we did. Okay. Sorry.

THE WITNESS: Okay. All right.

Q BY MR. HOLKINS: So I will take control of the document back.

Ms. Hibbard, you signed this contract, correct?

A Uh-huh. Yes.

Q Could you briefly describe what the Apex Program is and what it seeks to do?

A The Apex Program seeks to embed clinicians, licensed behavioral health clinicians into the local public schools to improve access to care for youth.

Q Do you believe that the program is succeeding in that goal?

A Yes.

Q Based on what?

A Based on the reports that we get from our clinicians and our school partners, and the -- being able to increase access and services to kids, because we are able to coordinate that care with the school and provide those services within the school, and it's -- it's been -- it definitely has helped.

Q I want to direct you to some of the texts on

the first page of this contract. It states on the left-hand side that the total obligation under this contract is $831,649. Do you see that text?

A Yes.

Q That's the total amount of the -- of funds allocated by DBHDD to View Point to support the Apex Program; is that correct?

A Yes.

Q Under that there is $50,000 -- there's a line item for $50,000 after "Federal." Do you see that text?

A Yes.

Q What is that?

A It's my understanding that when the Department of Behavioral Health and Developmental Disabilities receives their funds, they have some that are funded from a federal level and some that are funded at a state level, and they account for them separately in those contracts.

Q This is all passed through the state?

A Yes. It's all -- so DBHDD has both federal and state.

Q How did View Point or DBHDD arrive at this figure of $831,649 for the allocation for this fiscal year?

A We -- I believe they put out a request -- a

request for proposals, and we submitted a budget and applied for that.

Q And is that something that View Point is doing on an annual basis?

A Yes.

Q Are you familiar with the terms Apex 1.0, 2.0, and 3.0?

A Yes.

Q What's the difference between them?

A The first grant or the first contract that was out was 1.0, and -- and then we were able to expand and add as the program grew.

Q So 1.0 was the initial allocation of funds by the state. 2.0 was an expansion --

A Yes.

Q -- allocation?

And 3.0 is what?

A Is another expansion.

Q Another expansion. Okay. And have -- and View Point has taken advantage of each of those expansion grants to add more schools?

A Yes.

Q So if you bear with me, I'm going to scroll down to the portion of the contract that includes the deliverables and the requirements for the -- for View

Point Health and for the State. Give me one second.

I'll just first note here that on page 2 you are identified as the point person for View Point Health, correct?

A Yes.

Q And Layla Fitzgerald is identified as the point person for the Georgia Department of Behavioral Health and Developmental Disabilities?

A Yes.

Q I'll just quickly note for the record -- this is on page 20 of Exhibit 517 -- that this was signed by you on August 11 of 2022.

A Correct.

Q All right. I have arrived at page 23 of -- of Exhibit 517. This is the deliverables for the Georgia Apex Program. Have you seen this document before?

A Yes.

Q And if we go to the next page, which is page 24 of this document, it lists responsibilities for the community provider, and that would be View Point Health in this instance?

A Yes.

Q Before I ask about specific responsibilities, how, to your knowledge, is DBHDD assessing whether View Point Health meets its obligations under this contract as

listed on page 24?

A I believe we submit programmatic reports.

Q Any other way?

A Not that I am aware of.

Q Are you also aware of a monthly progress report that View Point Health submits in connection with the Apex Program?

A That's what I called the programmatic report.

Q Okay.

A Maybe I called it the wrong name, but...

Q Okay. So I want to direct you first to the -- the text after number one, which describes the purpose of the Georgia Apex Program funds as being "designed to provide infrastructure/seed funding to cover expenses that providers cannot bill as providers establish and grow their school-based mental health programs."

Further down in that same entry, the contract reads, "As provider billable thresholds grow concurrently with SBMH program growth, as a best practice, providers are encouraged to utilize unencumbered infrastructure/seed funding realized by the increase in billables to add schools."

So what's your understanding of what this responsibility means?

A So as we are -- so there is a -- a fair amount

of nonbillable work that the clinician does in establishing the relationship with the school counselors at the local level and making -- making sure that counselors know and understand who to refer and how that process goes.

There is also some opportunities for our school counselors to conduct educational opportunities with the children and with families that are not necessarily billable services. And so once that -- and there is -- this number one states that we understand that that is going to be more of -- there is going to be more of that time early on in establishing that relationship among the school and among the students and families that attend that school.

And then as that relationship is established, there's gonna be an assumption that there is gonna be more referrals made and more time spent providing direct services and being able to bill. And as that is achieved, then we can potentially expand and use some of our contracted funds that are not being used with that one particular clinician to maybe add another clinician at another school to establish that same relationship and then get them up and billing.

Q Thank you. That was really helpful.

And has that occurred in practice?

A Yes.

Q So is it fair to say View Point Health has used funds that initially were intended to build relationships to those nonbillable activities to expand the number of clinicians?

A Yes.

Q Okay. The -- under this same responsibility, the contract reads, "Providers are required to maximize utilization of alternative funding streams including third-party payers, e.g., Medicaid, private insurance, et cetera."

What efforts is View Point undertaking to maximize utilization of alternative funding streams?

A So when a child is referred who has Medicaid, we bill the Medicaid services if that is available for that child.

Q Anything else?

A With Gwinnett County Public Schools, they utilized some of their own funds to provide us a contract to add additional clinicians to their schools in addition to the funding that we get from the State.

Q Are you aware of any efforts by DBHDD, aside from the monthly programmatic reports which you referenced earlier, to assess whether in fact View Point is maximizing utilization of alternative funding sources

consistent with this contract?

A Not that I -- not that I'm aware of.

Q I want to direct you to number 3 under "Responsibilities" which references, "targeted schools will be selected based on factors including, but not limited to, Title I status, attendance data," and a number of other factors.

I want to ask you whether View Point Health has any role in identifying or selecting the schools that participate in Apex?

A So it's been my experience that the school system themselves prefer to identify the schools where they want to have Apex clinicians utilized, and that is -- they do utilize data that they have themselves through their own counseling and school social work departments to determine where that need is. Because the need is great, but our resources are limited. So that's -- that's been our experience that we go with the school.

Q Do you know whether the number of students being referred by a school district to GNETS is one of the points or criteria being used to determine whether a school should participate in Apex?

A I don't know.

Q Do you know if anyone in your organization

would have knowledge about that?

A I don't know. Chad Jones might, but I don't know if -- I -- I had not heard if that was being used.

Q Do you think it would make sense, it would be a good practice to be considering the number of children being referred to GNETS in identifying whether schools should participate in Apex?

A I don't. I don't know. There is a lot of factors to determine, and the need is really, really great, so I just -- I just don't know if that's the number one.

Q Is it fair to say that the provision of Apex in the three-county area that View Point serves is not sufficient to meet the need presently?

A I think that there -- I think that that's fair to say; that -- that we could -- we could expand upon that because of the need, uh-huh.

Q Has there been any specific assessment of the need for services through Apex in your catchment area?

A Not specifically. I do know that the Gwinnett County schools has data, and they are looking at the -- the need across their schools, and they have identified the need to expand, which is why they elected to use some of their own funds to add additional clinicians. They have also expressed the need to -- to -- we -- we are

struggling even right now finding the workforce to fill the vacancies of those positions, so -- so the demand is definitely there.

Q Do you -- do you know how the need is being measured by Gwinnett County?

A I know of one marker that they have shared, which is the number of suicide attempts and number of suicide ideation at each school. They have surveyed the staff.

Q Are you --

A Or, sorry. They have surveyed the children.

Q I'm sorry.

Are you aware of any effort, separate from what you have described in connection with Gwinnett County, any effort by DBHDD to assess a need for Apex services on a system-wide basis?

A Not that I am aware of.

Q Any specific analysis of the need performed by the State in View Point's catchment area? Are you aware of that?

A Not that I'm aware of. I -- I would -- I would think that there would be something out there. I just -- nothing that I am recalling offhand. I do believe -- I'm sorry.

Q Please go ahead.

A I do believe I had seen a report. It might have been a couple of years ago where there was a DBHDD Apex report, kind of a statewide progress report. I'm recalling that, but I -- I haven't seen it.

Q Was this likely an annual program evaluation in connection with the Apex Program?

A I believe so.

Q Do you recall whether that report included any statewide assessment of the need for Apex?

A I can't -- I'm -- I'm really foggy on the specifics. It seems like it was a couple of years ago, so I'm sorry.

Q That's fine.

I want to focus you on the section titled "Deliverables" in this contract.

A Uh-huh.

Q I'm on page 25 of the document, and specifically the text under "Difference Made." Bullet one under "Difference Made" reads: "Of the students served by Apex, what percent required a higher level of care such as short-term crisis stabilization, or extended residential treatment. Include monthly and aggregate totals."

And this is information that View Point reports to DBHDD and the Center of Excellence on a monthly basis,

correct?

A Yes.

Q And do you interpret this to mean -- well, let me just ask. What do you interpret "higher level of care" to mean in this context?

A I interpret that to be higher level than the Apex level of care. So Apex is individual counseling at an outpatient basis with an individual therapist, and I would interpret a higher level meaning they needed to be referred to the care management entity. They needed to be referred to intensive family intervention. They needed, you know, another level of care, even crisis stabilization. Anything other -- higher than the Apex level.

Q Would you consider placement in GNETS a higher level of care for purposes of this contract?

A I would -- I -- I don't think so, because we're talking about -- when I think of level of care, I think of a billable Medicaid service from the provider manual as opposed -- you know, that's a health service. So...

Q To your knowledge, is View Point tracking the number of students who receive Apex services and then go on to be placed in a GNETS facility?

A I would have to check on that. I don't know if that's what we track.

Q Do you think it would be valuable to be tracking that information?

A I think it would be valuable to track that information. I don't know if that's a requirement of our report.

MR. HOLKINS: We've had a request for a break, and I think we can just maybe take a quick one now. We will go back on record briefly, and then we will break for lunch.

THE WITNESS: Okay.

THE VIDEOGRAPHER: We are off the record at 11:44 a.m.

(The deposition was at recess from 11:44 a.m. to 11:55 a.m.)

THE VIDEOGRAPHER: Back on the record at 11:55 a.m.

Q BY MR. HOLKINS: Ms. Hibbard, I just want to revisit briefly the last thing that we were talking about, which is the "Deliverables" under View Point's Apex contract with DBHDD for FY '23. And this is Exhibit 517.

So specifically we were talking about higher levels of care, and I think you referenced them being Medicaid billable services. Can you explain what you mean by that?

A So levels of care are just the array of services that we offer, and they kind of vary in intensity. So outpatient level of care, which is the Apex Program, is individual counseling. And then as you move up in intensity of need, the services are more intense, so they would vary. Like I mentioned, intensive family intervention or crisis stabilization unit, that's a -- those are higher levels of care.

Q If a -- if a child is placed in a Juvenile Justice facility, would that be considered a higher level of care for purposes of this report?

A That is outside of -- that would be kind of like a different placement, and it would be kind of outside of the services that we provide as a level of care. It would be kind of referred out.

Q Fair. But I know you are considering -- you are conceptualizing level of care to be exclusive to View Point?

A Or to a -- or to a healthcare service.

Q To a healthcare service.

A Yeah. So I guess, yeah, getting a different placement into a Juvenile Justice facility, that would be a higher need to justify that.

Q Would you agree that one of the goals of the Apex Program is to help meet the needs of children in the

lowest level of care?

A To help meet the needs of children in the lowest level of care, I would think that the -- the Apex Program aims to prevent children from needing to go into those other higher services, so yeah.

Q That puts it better. So the goal is to maintain children --

A Right.

Q -- in their existing local schools --

A Right.

Q -- in communities and avoid placement in higher levels of care?

A Yes. It's an early intervention.

Q Do you think that one of the goals of the Apex Program should be to prevent students from being placed in GNETS unnecessarily?

A I think that would make sense.

Q Are you familiar of -- are you familiar with the continuum of care -- what the continuum of care means in an education context?

A Say that again, please.

Q Are you familiar with the -- the concept of continuum of services in the education context?

A I'm familiar with the continuum of care from a healthcare perspective as far as all of the services that

are available for healthcare behavioral health intervention. Not quite as familiar with the educational component of continuum of care.

Q So you wouldn't be able to say, for instance, the -- the steps that would occur in between or should occur in between full integration in a general education classroom and then placement in a restrictive setting like GNETS? We should be able to identify the steps between those two extremes?

A No, I don't think that is something that I'm familiar with in my realm. I feel like that is something that the school is really in charge of.

Q So is it fair to say, as you explained it, that the continuum of care referenced in this contract refers to health services?

A Yes.

Q Not placement in GNETS?

A Correct.

Q But you would agree that it should be a goal of the Apex Program to divert children from unnecessary placement in GNETS?

A I would say that I -- it would be an effective outcome of the Apex services to try to prevent children from being placed out of their school.

Q And do you have a sense, sitting here today,

whether the Apex Program is being leveraged toward that specific goal?

A I don't know because I -- I am not real clear on the schools once they make those referrals of the kids to Apex, if they are utilizing that as a -- as a marker. So it's hard to -- it's hard to say.

Q Have you ever been to a GNETS facility personally?

A Yes.

Q Which one?

A I have been to Oakland Meadow, which is just down the street. It's part of -- I believe it's a GNETS school for Gwinnett County, Oakland Meadow.

Q It's called Oakland Meadow?

A Uh-huh.

Q Do you know whether View Point provides any support or services for students enrolled at Oakland Meadow?

A Not to my knowledge. I was there for a meeting. This school provides -- mostly serves individuals or children with severe and profound developmental disabilities.

Q Has View Point Health ever been engaged by a State agency, for example, to assess the quality or effectiveness of behavioral health services and

interventions provided in a GNETS setting?

A Not that I can think of. That's a possibility, but I can't think of a specific instance.

Q Do you have any knowledge of Apex staff at View Point Health making referrals to GNETS for enrolled clients?

A Making referral -- so an Apex student who is enrolled in Apex and a staff member recommending to go to GNETS?

Q Correct.

A Not that I'm aware of.

Q Ms. Hibbard, is it fair to say that GNETS is not a higher level of behavioral healthcare that Apex clinicians refer to?

A Say that one more time.

Q Is it fair to say that GNETS is not a higher level of behavioral care that Apex clinicians refer to?

A I would think that that's -- yes.

Q Do you think it's important that students be served in their local school district whenever possible?

A Yes.

Q Why?

A I believe in early intervention and the least restrictive environment when -- when at all possible.

Q Why does that matter? What's the benefit of

serving a child wherever possible in their local school district?

A To be less disruptive to the child and to have them have access to their home and their known environment.

Q Can you explain how it would impact children to be removed from their home environment, as you say, in order to access needed services?

A Every child is different, but I would be concerned about any sort of disruption creating an adverse childhood experience and could potentially impact that child in a negative way.

Q Can you explain what you mean by the term "adverse child experience" or ACE?

A Uh-huh. Yeah. An adverse child -- childhood experience is something that could occur that would potentially result in the child experiencing some sort of trauma.

MR. HOLKINS: So I actually think this is a good time for us to go ahead and take our lunch break. I think an hour is totally fine.

We can go off the record.

THE VIDEOGRAPHER: Off the record at 12:05 p.m.

(The deposition was at recess from 12:05 p.m. to 1:08 p.m.)

THE VIDEOGRAPHER: We are back on the record at 1:08 p.m.

Q BY MR. HOLKINS: Welcome back, Ms. Hibbard.

A Hi.

Q I would like to jump right in to another exhibit, and this is a previously marked exhibit, Exhibit 82. Give me a second and I will put it on the screen.

I've just published what was previously marked as Exhibit 82. This is known as the GNETS rule. I will give you a moment, Ms. Hibbard, to briefly review the document, and just let me know when you are finished. You should have control.

A I'm not sure I have control.

Q You are not able to click. Let me see if I can.

THE VIDEOGRAPHER: Oh, I changed it to the "other witness." I'm sorry. There should be two witness windows. It's that one.

MR. HOLKINS: It should be the second witness?

Q BY MR. HOLKINS: Try now.

A Yeah.

MR. WOODRUM: And so this was previously admitted, I assume at another deposition?

MR. HOLKINS: Correct. Yes. This was admitted in the deposition of the State agency employee.

MR. WOODRUM: Okay. And when you say "rule," this looks like a Georgia Department of Education rule?

MR. HOLKINS: Yes. This is a rule developed by the Georgia Department of Education.

THE WITNESS: This is my first time to see this, so how -- how much do you want me to --

Q BY MR. HOLKINS: That's fine. There is no need for you to review it line by line. That was going to be my next question, whether you had seen this before.

A Okay.

Q This is the first time you have seen this document?

A Yes.

Q Okay. I'm not going to ask you in depth about the document. I do want to point you to one specific piece of it --

A Okay.

Q -- that involves community providers --

A Okay.

Q -- of behavioral health services, and then it will be the source of the questions.

A Okay.

Q Just let me know when you are ready.

Okay. I'm taking control back.

So I want to move to page 5 of the document,

and just so it's clear, these pages show the responsibilities of, among other things, the GNETS programs under this rule. One of those responsibilities is listed at No. 13. It reads, "To the maximum extent possible, collaborate with community service providers to coordinate the delivery of mental health services and/or family support."

Do you see that text?

A Yes.

Q Were you aware before today of this responsibility for GNETS programs to collaborate to the maximum extent possible with community service providers?

A I was not familiar with this document and this whole rule.

Q And that includes that specific requirement?

A Yes.

Q And do you -- would you understand community service providers as referenced here in this text to include community service boards?

A Yes. I would interpret it that way.

Q And so just to be clear, have you ever received any communications from a director of a GNETS program, for instance, Mainstay, about collaborating with View Point to the maximum extent possible to coordinate the delivery of mental health services?

A Would a communication from the Clayton County Schools qualify as that?

Q No.

A Yes.

Q So that would be one example?

A Yes.

Q And can you call -- recall any other instances when you've been contacted by a director of a GNETS program about collaborating with View Point to coordinate the delivery of mental health services?

A The time that I visited Oakland Meadow was a community kind of advocacy meeting with the school officials, and I was a part of that discussion. It wasn't to provide services directly there. It was just having a -- an awareness, an advocacy meeting at that location, and the schools had invited us to do that.

Q Just to go back to my question, aside from the Clayton County example that you cited, can you recall another instance when you have been communicated by -- or you've been -- you've received a communication from a GNETS program about coordinating the delivery of mental health services?

A I think that's the only one that I can recall or that contacted me directly.

Q Okay. And have you received any direction from

the Georgia Department of Education with respect to this responsibility of the GNETS programs, to the maximum extent possible, collaborate with community mental health providers?

A Not to my knowledge.

Q Have you received any communications from local education agencies or RESAs with respect to this obligation, that GNETS programs collaborate to the maximum extent possible with community service providers?

A Not to myself directly.

Q Would you expect that communication to come to you?

A It could also come to somebody else on the View Point Health team. That's a possibility.

Q Who would you expect to receive those communications if not you?

A Somebody -- either Chad Jones or somebody on the -- the team that he supervises. It -- I'm thinking in particular the care management entity team.

Q Do you think that there are opportunities to expand collaboration between View Point, your organization, and the GNETS programs?

A Yes.

Q What kind of opportunities do you think would be worth pursuing in that realm?

A If there is a need for -- to fulfill this item here, number 13, to collaborate with community service providers to provide mental health services, as the State safety net, I feel like that would be an opportunity for View Point Health.

Q Has this requirement ever come up in discussions with the other CSBs during the association meetings that you described earlier?

A Not that I can recall.

Q To your knowledge, do View Point clinicians play any role in the assessment of whether children who have been referred for GNETS placement are ultimately placed in GNETS?

A Not that I am aware of.

Q Are you familiar with the term "IEP"?

A Yes.

Q What does IEP stand for?

A Individual education plan.

Q Do members of View Point staff participate in IEP meetings?

A I believe so.

Q Is that for students who are participating in the Apex Program?

A Yes.

Q And what is the role of View Point staff when

they participate in those IEP meetings?

A To provide input based on their clinical knowledge.

Q Do you think it's important for clinical perspectives to be represented in IEP team meetings?

A Yes.

Q Why is that?

A Because they are a professional that has information and knowledge about that child's well-being and what could potentially warrant some additional supports.

Q Do you think that...

Do you view it as part of the role of View Point staff when participating in these IEP team meetings for Apex participating students to assess whether their needs can be met within the local school district and avoid unnecessary GNETS placements?

A That might be a little out of scope for the clinician. Their role is to assess their behavioral and emotional needs, so their educational needs would be more on the role of the school.

Q Would you expect the clinician to be involved in identifying specific services and supports and interventions that could be provided to meet their needs in the local school district setting?

A Yes.

Q All right. Let's set this aside.

I want to show you another document. This is also something that has been previously marked in the course of this litigation. Give me one second.

I've just published what was previously marked as Exhibit 22. This is, if you flip to the second page, the Georgia Apex Program Annual Evaluation Results for July 2019 to June 2020. I made this -- I believe this may be the document that you were thinking --

A Yes.

Q -- about earlier; is that right?

A Yes, this is the one I recall.

Q Okay. I'm happy to give you a moment if you want to flip through. I have a question specifically about page 21, but you are welcome to review the document globally if you like. I will give you control now.

A Okay.

Okay. You said page 21?

Q Page 21.

A Okay.

Q So you flip to that page, and I will just note for the record that the title of this slide, if I can move this a little bit, is "Top Three Referral Reasons." And it says -- referring to referrals to the Apex Program

during the relevant time period. The chart shows that the top three referral reasons are classroom conduct, behavior outside classroom, and depression. Is that accurate?

A Yes.

Q Ms. Hibbard, do you know what evidence-based practices would be effective in addressing problems relating to classroom conduct?

A It would -- I think it would have to be -- there would need to be an assessment, a behavioral health assessment, and then an individualized treatment plan developed to be able to determine what was the underlying cause for the classroom misconduct.

Q And what is your expectation for the evidence-based practices that should be provided to address the issues relating to behavior outside classroom? Would it be the same?

A Yeah. Those are pretty broad categories, so I think the clinician would want to know what would be some of the contributing factors before stating what would be the best course of treatment.

Q Are there additional evidence-based practices that you would expect to be used in addressing issues relating to depression, which is the number three referral reason?

A So for -- for depression, as well as other behavioral health symptoms, the evidence-based practices that are utilized by our Apex clinician include motivational interviewing, cognitive behavioral therapy, and play therapy. Those are kind of the primary ones or the most frequently used.

Q And do Apex staff at View Point receive training on providing or conducting behavioral health assessments consistent with the evidence-based practice?

A Trainings are made available to them. I would need to check to see if they're taking advantage of all of those trainings.

Q Do you know whether or not those trainings are required? Is it just optional for staff to participate in those trainings on behavioral health assessments?

A There are some trainings that are required that are part of the annual program that we -- the training program that we have. Some of them are the ones that I stated earlier, but I know the one that's required is AMSR, which is the assessing and monitoring of suicidality.

Q I know that you described some general evidence-based practices that would be used when there are issues with classroom conduct and behavior outside classroom, specifically including behavioral health

assessments and individual treatment plans; is that accurate?

A Yes.

Q And then what evidence-based practices would be considered after -- or based on the results of those assessments and treatment plans?

A That's where I said cognitive behavioral therapy and motivational interviewing and play therapy.

Q Okay. Anything else that you can think of?

A I am sure there are other modalities. Those are the ones that are frequently utilized, but the clinicians do have -- each clinician has other specialized training that they can employ based on the need.

Q Do you receive any guidance from DBHDD or the Center of Excellence, for that matter, with respect to what evidence-based practices or promising practices View Point should be using to address these top three referral reasons?

A It's consistent with the ones that -- that I have listed. In addition to, there is a policy regarding -- excuse me -- regarding suicide screening, which is the DBHDD policy that names AMSR as the methodology to use.

Q I think you referenced some specialized

training that View Point staff are able to receive --

A Uh-huh.

Q -- on these evidence-based practices. Is that accurate?

A Yes. From time to time we offer training that -- that's made available to our staff.

Q Can you describe what that specialized training is?

A I would have to pull up our training calendar to take a look at that because it -- it varies based on the staff need and the trainings that we have available at the time, so it does -- we can get that information.

Q So let's just sit tight. I think that we have a document that we can show you that may --

A Okay.

Q -- help to kind of guide --

A Okay, that would be better.

Q -- your testimony. Give me one second.

I'm not finding it easily, so I will come back to it after our break. Apologies, but let's just move on, and then I will circle back to that.

I want to show you another document previously admitted. Give me one second. I've just published what was previously marked as Exhibit 8. This is, for the record, a letter from the State of Georgia to the United

States dated February 12, 2021. I don't expect you to have seen this before. I want to reference you to a specific portion of the letter.

A Okay.

Q Give me one second and I will scroll down to it.

Specifically I'm interested in getting your thoughts on the State's response to Interrogatory No. 17. And I'll give you a minute to review the information that the State included in that response, and just let me know when you are finished. You should have control of the document.

A Okay. And you want me to read No. 17?

Q Yes, please.

A Okay. Thank you.

Q I'm gonna take control back.

So for the record, this -- this response from the State identifies Medicaid billable services in a community behavioral health services category. It's based on the DBHDD Provider Manual.

A Uh-huh.

Q I first would like to ask you whether there are any services identified on this list that are not available at View Point. And I will give you control so you can scroll.

A We do not provide psychological testing.

Q Anything else?

A That's it. We don't provide intensive family intervention at this time. We have in the past, but we don't right now.

Q Why did View Point discontinue intensive family intervention?

A I do not remember. I know that we -- I was the child and adolescent coordinator of Rockdale and Newton whenever we did have it, and then I had a baby and came back and we didn't have it anymore. So I don't really recall why that went away, so... And I went into a different role.

Q Understood.

And what is intensive family intervention in your own words?

A In my own words, it's like the sort of community treatment but for kids. I don't know if that's accurate, but it is an intensive team-based approach to providing intervention. We provide it in the home, at the school, in the community with multiple team members all working with the same family and child.

Q Do you see a need for intensive family intervention to serve View Point's existing clients?

A We don't currently have that in our service

array. We -- we have the care management entity where we could refer clients to other IFI providers. IFI is what we call intensive family intervention, because there are private providers that do provide that service still.

Q So to make sure I understand, you can refer out for intensive family intervention being provided through other providers in the same catchment area?

A Correct.

Q Do you feel that the supply of intensive family intervention is sufficient to meet the need in the three-county area in which you serve?

A In the role that I serve, I have not -- we have not had any sort of discussion about that being a big gap that we needed to try to fill that I can recall.

Q Are the services listed in the State's response to Interrogatory No. 17 on pages 2 and 3 of these documents in your opinion generally helpful and effective?

A Yes.

Q Are they specifically helpful and effective in allowing children to remain in their local school districts?

A Yes. This is the -- these are the basic core services that are available at outpatient clinics, and behavioral health assessment and individual counseling

are the services that we provide at Apex, and we believe that that is effective.

Q And your -- your opinion about the effectiveness of this service package is based on data, correct?

A Correct.

Q It's also based on the experience of specific clients?

A Correct.

Q It's also based on what you've heard from clinicians who provide the services?

A Yes.

Q And it's probably also based on what you hear from the schools that participate in Apex?

A Yes.

Q Let's set this one aside.

We are going to move on to another exhibit which is gonna be 518.

(Plaintiff's Exhibit 518 was marked for identification.)

Q BY MR. HOLKINS: I have just published what we are marking as Exhibit 518. This is a report by Voices for Georgia's Children. Have you heard of that organization?

A Yes.

Q What is Voices for Georgia's Children?
A I believe it's an advocacy group, and I do recall seeing this publication.
Q The title of the publication is "Supporting Children's Mental Health in Georgia Schools: How Three School-Based Mental Health Providers Serve Students," correct?
A Yes.
Q And this is a report from June 2020.
Is it accurate that View Point Health is one of the providers featured in this report?
A Yes.
Q You have read this report before?
A Yes, back in June of 2020.
Q Did you participate directly in the information sharing --
A No.
Q -- that supported this report?
A No.
Q Do you know who at View Point Health was involved in working with Voices for Georgia's Children on this report?
A It would have been somebody from the Apex team, and it could have been Chad Jones.
Q So I want to move to page 14. I'm going to ask

you specifically about this section here under "Treatments and Supports." I know it's sometimes difficult to answer a question just in isolation without context, and so if you would like to take a -- a couple of minutes to --

A Okay.

Q -- read the text before and the section -- and in the section, you are welcome to do that. I will give you control.

A Okay. I don't remember a whole lot of this right off the top of my head, but we can -- go for it.

Q Absolutely. I will ask the questions, and just answer to the best of your ability.

A Okay.

Q So under "Treatment and Supports," the report indicates that, "All providers interviewed provide multitiered system supports, including Tier 1, Tier 2, and Tier 3 services, in addition to services after school and over the summer, and medication management."

First off, is that an accurate statement for View Point Health?

A Yes.

Q And just in -- just briefly and in your own words, what are Tier 1, 2 and 3 services?

A Okay. Tier 1 is the services that we provide

that are more educational based; more, just for lack of a better term, like putting fluoride in the water. Just trying to provide -- not identifying like a particular client but just providing the education to the whole class or to the whole school from a -- a prevention and early -- you know, early standpoint. Maybe helping educate the teachers on how to identify symptoms of behavioral health issues that they could be aware of in the classroom.

And then Tier 2 and 3 step up into more need for individualized treatment mental health service.

Q I want to direct you to the next line in the same section which reads, "Very rarely, providers will refer students or families to outside providers, such as for in-home services."

Do you see that text?

A Uh-huh.

Q Is that accurate for View Point Health?

A I believe so.

Q And so that would include, for example, referrals for intensive family intervention?

A Correct, yeah, if need be.

Q And why -- what's your understanding of why referrals for services by outside providers are so rare for View Point?

A It's my understanding that if we are able to intervene early, then the need for that is reduced. You can provide the services at a -- a lower intensity level early enough to try to curb that behavioral health disorder.

Q Is it fair to say that there are still students despite those early intervention efforts who are moving into higher levels of care?

A Yes. That would -- yeah, that would be expected.

Q And is it possible that those students may be appropriate for referrals to outside agencies that would be able to offer intensive in-home services?

A Yes.

Q Has there been any discussion within View Point Health about increasing the number or volume of referrals to outside providers in order to fill whatever gaps are in View Point's?

A Not that I have been a part of, but that could have taken place among the team, but not that I am -- am aware of.

Q To your knowledge, has View Point undertaken any specific analysis of the service needs of students who have been referred in GNETS placement?

A To my knowledge, not that I know of. I have

not heard of anything that we have done.

Q Are you aware of any analysis by View Point of the community service needs of children who are enrolled in GNETS and are attempting to move back to their local school district?

A Not that I'm aware of.

Q Has there been any discussion with the Department of Education, DBHDD, or DCH with respect to that topic?

A Not that I have been included in.

Q All right. I'm going to stop sharing this document.

We've got a couple more, and then we will take a break.

(Plaintiff's Exhibit No. 519 was marked for identification.)

Q BY MR. HOLKINS: So this is going to be Exhibit 519. I've just published it. It is, I believe, a monthly programmatic report submitted by View Point Health for the Apex Program, and it's for the month of April 2022.

I will give you control of the document if you would like to familiarize yourself, and just let me know when you are done.

A Okay. Okay.

Q Okay. I'm going to take control of the document back.

A Okay.

Q Have you seen this specific report before?

A No, not this one.

Q And can you remind me -- you may have testified about this earlier -- is it part of your regular duties to review the monthly programmatic reports for View Point?

A No. I delegate that.

Q And who has principal responsibility for that?

A So Yuki Reese is the program manager for the Apex Program.

Q And it would be her job to complete these monthly reports and submit them to DBHDD or the Center of Excellence?

A Or at least provide information to get that -- to follow that process.

Q And it's based on information that she's receiving from Apex staff embedded at the schools that View Point serves?

A Yes, and data that she gathers from our electronic health record.

Q So my understanding is that this -- this particular programmatic report is, even for that month,

not capturing the full population of -- of schools that are served by View Point. There are only -- there are seven schools listed here. I think there is another report for the same month that reflects services that are provided in other schools served by View Point.

A Yes.

Q Is that accurate?

A Yes. Yeah, this doesn't seem like it's the full picture.

Q Right. Right. And we'll talk more about this tomorrow, I think, but I want to just ask you about the overarching, kind of the roll-up summary numbers that are on this page of the report.

Recognizing this is not a reflection of the full footprint for the Apex Program at View Point, my question is whether View Point has set specific targets for how many schools it wants to serve through Apex. Let's start there. Has View Point set targets for how many schools it wants to serve through Apex?

A Not specifically. We have worked with the school districts to come up with that together. In Gwinnett County schools they have set a target that they aspire to have an Apex clinician for each cluster. The way they define cluster is, is the high school has theater schools from the middle school and theater

schools from the elementary school. That's a cluster, and their goal is to have an Apex clinician for each one.

In Newton County schools it's different. They have aspirations to have school -- Apex clinicians in many more of their schools. So it's something that we work in collaboration with with a local school district.

Q So is it fair to say that these targets are -- aspirations are set and implemented at the county level; is that right?

A At the -- yeah, at the local level between View Point and the school district.

Q And is there any -- does the State DBHDD, DCH, the Georgia Department of Education have any role in guiding targets for the number of schools served through Apex by View Point?

A The Department of Behavioral Health would have some role in it because of the funding that they provide, so there is some -- there is some limitations based on the amount of funding that we would have from DBHDD.

Q From the perspective of strategy and defining the aspirations for View Point's Apex Program, is DBHDD actively shaping what the targets should be for the number of -- of schools?

A I think contained in the deliverables that are in the contract, that that's where we would be getting

our guidance from, from them.

Q Do you receive any other guidance beyond what's in the contract with respect to target -- targets for a number of schools served through Apex? And this is guidance from DBHDD.

A Specifically -- not that I can specifically recall.

Q And I have the same question for the number or percentage of students served per school district. Are you also working with school districts to define targets or aspirations for the number or percentage of students served per district?

A Not to my knowledge. I know we've had the -- and it might just be that I'm not involved in those conversations, but I've been a part of the conversation of how many clinicians, you know, at each school or, you know, within the district. So the number of schools more so than the number of students.

Q Do you have a sense of what the average penetration rate is for school-based behavioral health services?

A Not off the top of my head, no.

Q Who would you ask for that information at View Point?

A Chad Jones.

Sorry, Chad. I wonder how many times your name is going to be listed in the document.

MR. WOODRUM: Do we need to plan on Saturday?

MR. HOLKINS: Friday will suffice, I promise. We've all got flights except for Franny because she's smart, and she's staying an extra day.

Q BY MR. HOLKINS: So let's go ahead and set this aside.

I'm going to show you another exhibit. This is going to be 520. It's an e-mail and it has several attachments. We will start with the e-mail, and then we will move to the attachments.

(Plaintiff's Exhibit 520 was marked for identification.)

Q BY MR. HOLKINS: Do you see a document on your screen?

A Yes.

Q So I will note for the record that this is a document produced by the State of Georgia to the United States in this litigation. The Bates number is GA04292495. It's an e-mail from Tricia Mills to a number of recipients, including yourself and Chad Jones, with a subject, "RE: HFW Benchmarking F2F (Part 4)."

As I mentioned, there are a number of attachments. I will give you a moment to review the

e-mail. You've got control if you need it.

A Okay. Okay.

Q I'm going to scroll back up to the top. So this appears to be an e-mail scheduling a meeting to discuss benchmarking with respect to High Fidelity Wraparound, or IC3. Is that accurate?

A Yes.

Q Did you -- is it your recollection to participate in this meeting, or do you, as a matter of course, participate in these meetings?

A I was participating in these meetings. I would need to check my schedule to see if I participated in this particular one, but yes, we would meet with this team and review this benchmarking data.

Q How often are these meetings occurring?

A They haven't occurred for the last -- it's been some time since they've occurred. I can't remember exactly when they stopped, but it's been a little while.

Q So this date -- the date of this e-mail is February of 2020, which is just before the COVID-19 pandemic. Can you recall any meetings occurring since March of 2020?

A I can't. I don't think -- when did we stop with COVID? We kind of just stopped. Yeah, that's what it sounds like. We were going in person to downtown

Atlanta and putting the data up on the screen and having these discussions, so...

Q And what was the purpose of these discussions when they were happening?

A We were reviewing, like I said before, kind of like the penetration rate to see if we were reaching children in all areas of the state that would potentially need the services and reviewing the markers that we were being measured on for the fidelity.

Q So I'm going to stop sharing this, and we are going to move to some of the attachments to this e-mail.

A Okay.

Q Thanks for your patience. Just one more second.

This is one of the attachments to the e-mail that we were just discussing. For the record, this is GA04292501 produced by the State of Georgia to the United States in this litigation. It appears to be agenda in minutes for a meeting of this committee that occurred on February 13th, 2020.

I want to direct you to some texts at the bottom of this page under "System of Care Coordinators." Do you see where I am?

A Yes.

Q It references strategy for counties with zero

referrals. Do you see that text?

A Yes.

Q What's your understanding of what that means?

A How are we -- so for those counties that didn't have any referrals, do those counties know that the CME is a resource that is available to those youth? Do we have messaging out there at schools to say, if you have a youth that meets this criteria, the service is available? That was the question that we were having, was, you know, is there -- are all these kids just doing great or do they just not know that this is a service that's available?

Q And what is your understanding of the barriers to accessing High Fidelity Wraparound for counties that may have zero referrals?

A I'm not the best person to answer this, but I will give it a shot. My understanding is, do they have barriers for transportation? Even though we are statewide, at that time most everything was in person. So was there barriers for -- for the family being able to transport and move to wherever the services would be available.

Even prior to the pandemic, the IC3 program did implement some tele-services so that we could improve access and -- and make it a little easier for families to

participate in such meetings. So we were already implementing the use of -- I don't know if we were actually using Zoom, but it was something like that at that point where they could gain access to their care coordination.

There could have been other barriers just as far as knowledge, just not knowing that these resources exist.

Q And while this committee was working on these issues, what steps were taken to increase awareness in counties where there were zero referrals?

A Similar to what I said. You know, implementing the use of technology, and then also making sure that other community service organizations such as the Department of Family and Children Services and the schools knew and understood that this was a service that was available.

Q Did View Point or this committee broadly conduct outreach to GNETS programs as part of its effort to expand awareness of High Fidelity Wraparound?

A I can't recall in particular if that was a strategy. I -- I don't recall that being a strategy. It's -- it's very possible, though, because we did -- we would get kids from GNETS to our -- referred to our CME.

Q Let's actually just go back. Let's rewind just

a little bit here. I want to pull up 519 again. I'm going to share my screen. This is the e-mail that we were discussing a few minutes ago. For the record, it's GA04292495 attaching the minutes that we were just discussing.

I want to ask you, who participated in this benchmarking effort on behalf of State agencies?

A On behalf of the Department of Behavioral Health and Developmental --

Q We can start there.

A -- Disabilities?

Yeah, so Danté McKay and Tricia Mills were the main people that I recall from -- from the DBHDD.

Q Were there any representatives from the Georgia Department of Education?

A Not that I can recall.

Q Any representatives from the Georgia Department of Community Health?

A Wendy Tiegreen is an employee of the Department of Behavioral Health and Developmental Disabilities, but she interfaces really closely with the Department of Community Health, and she was a part of those discussions as well.

Q What is Tricia Mills' job at DBHDD; do you know?

A She -- as far as I know, she kind of is -- oversees the CME work, as far as I know, the High Fidelity Wraparound work. I can't recall her title.

Q Jennifer Wilds is cc'd on this e-mail. It appears that she is an employee of View Point Health.

A Yes.

Q What's her role?

A She is a program coordinator for the CME, I believe. She -- she -- I can tell you what her function is. I don't know if I can have her title exactly right, but she does a lot of community outreach and resource development making sure that all of our teams know all of the resources that are available statewide. She also is a trainer for some of those promising practices that we utilize. For instance, QPR is question, persuade, refer. She's a trainer for that. She trains our team members and even outside organizations, and she is also a trainer for Mental Health First Aid.

Q Thank you.

Are you familiar with Russell Carleton?

A That name is familiar. I don't think he's a View Point Health employee, though.

Q If I told you that he was at the time an employee of the Center of Excellence, would that make sense?

A Yeah, probably. I just -- I don't recall him --

Q So --

A I don't recall him being in the room.

Q Okay. Thank you.

So let's put this one aside again, and then we will move on to 521. I will pull it up. Give me one second.

(Plaintiff's Exhibit 521 was marked for identification.)

Q BY MR. HOLKINS: I'm publishing Exhibit 521. For the record, this was produced by the State of Georgia to the United States in this matter. The Bates stamp is GA042504. It was attached to the e-mail that we just discussed which was 519.

Ms. Hibbard, I will give you a moment to familiarize yourself with this spreadsheet. There are multiple tabs. I'm going to be asking you a question about the -- the current tab, but you are welcome to -- to browse as needed to refresh your recollection. You've got control.

A What is this? I'm sorry, where did this come from? Like I don't -- I don't recognize this at first glance.

Q Okay. I will represent to you that this was an

attachment to the e-mail that you received --

A Okay.

Q -- from Tricia Mills --

A Okay.

Q -- in February of 2020 with respect to the High Fidelity Wraparound benchmarking.

A Oh, okay. Okay. I'm going to look at some of these other tabs.

Q Please take your time.

A Okay.

Q So I'll tell you what I think this is, and then let me know if you think it's right.

A Okay.

Q So this appears to be a -- a progress tracking document in connection with the High Fidelity Wraparound effort that's being led by the committee that you served on. Does that seem accurate?

A That seems accurate.

Q Okay. There are different tabs for different stages of the effort with similar entries in the left-hand column, and I want to direct you to the text that says "States Role." Do you see where I am?

A Uh-huh.

Q Did you have any hand in drafting the text under "States Role," including leadership?

A Not that I recall.
Q Do you know who was involved in creating this document?
A No.
Q Who do you understand "State leadership" to refer to?
A In this particular role, I would think that that would be the Office of Children and Youth and Families.
Q Is it your understanding that the Office of Children, Youth, and Families, as represented here, is working to operationalize the IC3 system design, building an infrastructure, and establish financing mechanisms?
A Yes.
Q That would be your expectation?
A That would be. That's consistent, uh-huh.
Q You would also expect that OCYF leadership would be taking steps to translate the wraparound philosophy into State-level policies and practice guidance, correct?
A Which one are you on?
Q This is number 14. I'll take control back so I can direct you.
A Okay.
Q This is where I am (indicating).

A Okay. Yes.

Q You would also expect that the State would be ensuring workforces being trained and coached around expected practice elements in connection with IC3?

A Yes.

Q Would you also expect that State leadership, and specifically OCYF leadership, is working to develop the service array and provider network to fill identified gaps in the system of care?

A Yes.

Q What specific steps are you aware of that State leadership, specifically OCYF leadership, is taking to develop the service array and provider network to fill -- to fill identified gaps in the system of care?

A The -- the way I interpret that is a part of the need to add additional two organizations to provide the CME coverage for the state. I think that that could have been associated with that role or that item 12.

Q And aside from this effort to add two CMEs, are you aware of any other steps that the State is taking to develop a service array and provider network to fill identified gaps in the system of care?

A I think ensuring the State has ensured that every community service board does in fact provide services for children and youth; that whether it's Apex

or not, it's those outpatient core services to children and youth. They want to make sure that all CSBs are providing that.

Q And how would they make sure that all CSBs are providing core services whether through Apex or not?

A So this most recent legislative session, it was actually put into one of the laws that passed. House Bill 1013 specifically states that CSBs are expected to provide chil- -- provide services to children and youth.

Q Does that include services in school settings?

A It did not specify school settings.

Q And what's your understanding of the impact of that liti- -- of that legislation?

A That legislation was really full of a lot. It's a -- it was a very -- what do they call it -- an ominous bill. It was -- there was a lot of information in there, but I think that particular item was specifically added because not all community service boards were providing services to children and adolescents. That was my understanding of it, at least, that they need to make sure to do that.

Q And does -- as you understand it under the legislation, does DBHDD have responsibility for ensuring that the community service boards are complying with that obligation?

A I think in general, DBHDD is the mental health authority for the state, so you can draw that conclusion there, but it is also codified in the law.

Q If -- if a community service board were failing to provide core outpatient services for children and adolescents, would you expect DBHDD to take appropriate responsive action?

A Yes. I would expect that they would have a corrective action plan and communicate to that community service board that they need to start those services up.

MR. HOLKINS: All right. Let's go ahead and take a ten-minute break.

THE VIDEOGRAPHER: Off the record at 2:09 p.m.

(The deposition was at recess from 2:09 p.m. to 2:20 p.m.)

THE VIDEOGRAPHER: Back on the record at 2:20 p.m.

Q BY MR. HOLKINS: Ms. Hibbard, I just have a couple more questions for you.

Are you aware of whether View Point's staff working on the Apex Program who are actually embedded in the schools are involved in -- are involved in determining that a -- a student that they serve needs to move from a general education setting to a more restrictive setting?

A Not that I'm aware of.

Q Are you aware of the steps that Apex staff at View Point take prior to making a recommendation that a student be removed from a general education setting and moved to a more restrictive education setting?

A To my knowledge, Apex staff do not take steps to make that recommendation.

Q Are you in a position to describe generally the characteristics of students that are referred to outside providers, for example, for intensive family intervention?

A They would have symptoms that would -- that they would meet the criteria that is in the provider manual, which is considered to be medically necessary. So -- and it would be beyond what the Apex clinicians have already tried. So we usually try to offer a less intensive service first to make sure that that extra step is warranted.

So if the -- if the student is not showing or the client is not showing progress and their symptoms are starting to get worse, then that would be an indication that maybe a more intensive level of care is needed.

Q For a student -- just hypothetically, for a student that's receiving Tier 3 services through Apex and a local school district, how would -- how would you

define success? What does success look like for View Point Health?

A So some of the symptoms that the hypothetical child would be experiencing could be a disruption of mood. They could have angry outbursts. They could be withdrawn. They could be -- it could show up in some of their academics. They could have -- maybe they were normally an A and B student, and now they are a C and D student. They could be having trouble sleeping and eating. So seeing an improvement in those symptoms would -- would show progress.

Q And would you also include in the definition of success, maintaining that child wherever possible in their own community in their local school district?

A Yes.

Q And are there specific stories that come to mind of -- of children that have benefited -- children and families that have benefited from the Apex services that View Point provides?

A I'm probably not the best person to answer that, but our team members, and specifically Chad Jones, would have anecdotal information of -- on some of the success stories.

Q Okay. I think we can stop there. We've obviously got another day tomorrow which we are looking

forward to, but thank you very much, Ms. Hibbard, for your time and for your willingness to answer all these questions. We appreciate it.

A Sure. Thank you.

THE VIDEOGRAPHER: We are off the record at 2:24 p.m.

(The deposition concluded at 2:24 p.m.)

CERTIFICATE OF REPORTER

STATE OF GEORGIA)
)
COUNTY OF DEKALB)

I, Marcella Daughtry, a Certified Reporter in the State of Georgia and State of California, do hereby certify that the foregoing deposition was taken before me in the County of DeKalb, State of Georgia; that an oath or affirmation was duly administered to the witness, JENNIFER HIBBARD; that the questions propounded to the witness and the answers of the witness thereto were taken down by me in shorthand and thereafter reduced to typewriting; that the transcript is a full, true and accurate record of the proceeding, all done to the best of my skill and ability;

The witness herein, JENNIFER HIBBARD, has requested signature.

I FURTHER CERTIFY that I am in no way related to any of the parties nor am I in any way interested in the outcome hereof.

IN WITNESS WHEREOF, I have set my hand in my office in the County of DeKalb, State of Georgia, this 1st day of November, 2022.

Marcella Daughtry, RPR, RMR
GA License No. 6595-1471-3597-5424
California CSR No. 14315

United States of America v. State of Georgia
J8686358

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my deposition taken in the above-captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

Signed on the_____day

of _____2022.

_____
JENNIFER HIBBARD

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JENNIFER HIBBARD

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